Moving Towards Excellence

SASKATCHEWAN CANCER AGENCY

annual report
2012-13

TABLE OF CONTENTS

Letter of Transmittal 1

CEO Report 2

Who We Are 3

Board of Directors 5

How We Fit In 7

Better Health 9

Better Care 13

Better Value 16

Better Teams 18

Better Health, Care, Values, Teams 21

Progress by the Numbers 24

Financial Summary 27

Contact Us 55

Copies of the report are available at www.saskcancer.ca.

research
treatment
prevention
early detection

Saskatchewan Cancer Agency
A healthy population free from cancer

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The Honourable Dustin Duncan
Minister of Health
Province of Saskatchewan
Legislative Building
Regina, Saskatchewan
S4S 0B3

Dear Minister Duncan:

I have the honour of submitting the annual report of the Saskatchewan Cancer Agency for the fiscal year ending March 31, 2013. This report highlights the work of the skilled and caring staff of the Cancer Agency towards excellence.

As an organization we want to provide safe, quality care that offers better health, better care, better value and better teams for the people of Saskatchewan. Ensuring we are making progress is important, and in 2012 the Agency received Accreditation with Commendation for meeting 92 per cent of the safety standards set by Accreditation Canada. This four-year accreditation status shows that the work staff have been doing has made a difference.

We have focused on excellence through prevention, early detection, research and care and by building better relationships that make the experience for clients, patients and their families better. But above all, we have taken to heart that our work is about people – not just a disease or an outcome, but about the individuals who make up communities from north to south and east to west in this great province.

The 2012-13 annual report will highlight how we are using continuous improvement tools to increase access, improve the client and patient experience, focus on safety, quality and accountability, and provide sustainability through primary prevention and early detection.

Respectfully,

J. Stewart McMillan

Dr. J. Stewart McMillan
Board Chair

CEO Report

Moving Towards Excellence

This is an exciting time to be working in health care, but to fully appreciate where we are today, you need to understand where we have been. The provincial health system has undergone substantial changes since 1944 when cancer care was provided free of charge even before Medicare. For more than 80 years the Saskatchewan Cancer Agency has played a role in helping to shape the way in which care and cancer control are delivered.

This year we lost one of the great pioneers in cancer care with the passing of the Honourable Sylvia Fedoruk who helped revolutionize treatment not just in Saskatchewan but throughout the world. This is a legacy that we can all be proud of. For those of us in cancer control, there is no greater tribute to her work than to continue providing excellence and innovation.

The year was also a time for reflection as the province celebrated 50 years of Medicare. This pivotal event in the evolution of Saskatchewan's healthcare system set in motion a path for this province that continues today. This was more than just about free universal care, but about medical professionals, politicians and others coming together to respond to a crisis in health.

Today another transformation is taking place in health care that arose out of the 2009 Patient First Review, and Saskatchewan is leading the country by adopting Lean methodology and tools. While Lean in healthcare is not new, what is new is doing it as an entire sector and province.

At the Cancer Agency we are dedicated to improving the health of Saskatchewan people now and into the future. We are doing it by:

- Rolling out a province-wide colorectal cancer screening program
- Developing a safety program that includes tracking unusual occurrences in real time that allows us to get to the root cause of incidents so that the safety of staff and patients is improved
- Improving services and programs such as offering screening for distress to patients
- Providing continuity of care and state of the art equipment for breast cancer screening
- Providing Telehealth options so care is closer to home for patients
- Implementing a falls prevention strategy
- Working collaboratively with partners and stakeholders to improve access, quality, and sustainability in primary prevention like our work on Sun Smart Saskatchewan

But above all, our work begins and ends with listening to the patient and their families. Doing our best is what the Cancer Agency strives for, and throughout the 2012-13 year we continued to make progress towards excellence.

Scott Livingstone
Chief Executive Officer

Watch our video at www.saskcancer.ca/excellence

Who We Are

The Saskatchewan Cancer Agency operates prevention and early detection programs, conducts innovative research and provides safe, patient and family-centred care at the Allan Blair Cancer Centre in Regina and the Saskatoon Cancer Centre. Our more than 650 dedicated employees are passionate about their work in the fight against cancer.

We serve a population of 1,090,953 (Ministry of Health Covered Population 2012) and continue to meet the changing needs of healthcare, offering clients, patients and their families safe, quality programs and treatment.

The Agency is subject to or governed by the following provincial legislation:

- *The Cancer Agency Act*
- *The Health Information Protection Act*
- *The Regional Health Services Act*

TREATMENT

Through the Allan Blair Cancer Centre in Regina and the Saskatoon Cancer Centre, patients have a team of experienced, skilled and dedicated health professionals helping them understand their diagnosis and make choices on treatment and care.

Each cancer centre offers:

- Psychosocial workers to help patients and families cope with the physical, financial and emotional impact of dealing with cancer
- A referral centre, operated by registered nurses, that processes new referrals and books patients for assessment
- Chemotherapy and radiation therapy

Through the Blood and Marrow Transplant Program, located in Saskatoon, we provide assessments and treatment for patients with aggressive or advanced blood and circulatory system cancers.

The Cancer Agency operates patient lodges in Regina and Saskatoon. Patients can take a virtual tour of the Regina Cancer Patient Lodge at www.saskcancer.ca/reginalodge.

COMMUNITY ONCOLOGY PROGRAM OF SASKATCHEWAN

We recognize the importance that family and community play in a patient's treatment and recovery. The Community Oncology Program of Saskatchewan (COPS) works together with the health regions to provide specific types of chemotherapy treatments in hospitals. COPS provides cancer patients with care, treatment and support in or closer to their home communities. There are 16 COPS centres located in hospitals throughout Saskatchewan (Estevan, Humboldt, Kindersley, Lloydminster, Meadow Lake, Melfort, Melville, Moose Jaw, Moosomin, Nipawin, North Battleford, Prince Albert, Swift Current, Tisdale, Weyburn, and Yorkton).

Patients have a team of experienced, skilled and dedicated health professionals helping them understand their diagnosis and make choices on treatment and care.

EARLY DETECTION

The Cancer Agency operates three population-based screening programs:

- Screening Program for Breast Cancer includes centres in Regina and Saskatoon and satellite centres in Moose Jaw, Yorkton, Swift Current, Prince Albert, North Battleford and Lloydminster. We also operate a mobile unit that travels to rural Saskatchewan and First Nation reserves offering screening mammograms.
- Prevention Program for Cervical Cancer
- Screening Program for Colorectal Cancer

PREVENTION PROGRAMS

The Cancer Agency works to provide information about prevention of cancer. Approximately 50 per cent of cancers are preventable. Since many risk factors for cancer are common to other diseases, the probable economic and human life savings is significantly greater than that for cancer alone. By controlling these risk factors there would also be a positive impact on the occurrence of heart disease and stroke, lung disease and diabetes.

RESEARCH

Research has the ability to provide better health, care, value and create better teams of professionals not just in Saskatchewan but around the world. At the Saskatchewan Cancer Agency we have world-class researchers who are helping make a difference in the fight against cancer every day. Understanding how breast cancer develops and why it spreads is a key focus of the Agency's research team at the Saskatoon Cancer Centre. We provide bench research, clinical research including clinical trials, and epidemiological research.

PATIENT AND FAMILY ADVISORY COUNCIL

Providing access to safe, quality cancer care is an expectation of most people in this province. However, at the Cancer Agency we want to go further and provide exceptional care with the client, patient and their family at the centre of every decision we make and action we take. This starts with ensuring patients and their families have a voice not only about their care and treatment, but also about how that service is delivered.

In 2011, we established a Patient and Family Advisory Council (PFAC) with patients, family members and our own staff coming together to:

- Identify patients' and families' needs and concerns
- Provide advice and recommendations on programs and services
- Strengthen communication between physicians, staff, patients and families
- Encourage and support patients and family members in being full partners in their cancer care and treatment

FUNDRAISING

Philanthropy plays a vital role in the success of our work. The support of our donors enables us to:

- Equip our facilities with the most advanced technology to save lives and improve patient care
- Care for the needs of people from early detection through to treatment
- Fund research that benefits patients and advances our understanding of disease prevention, diagnosis and treatment
- Maintain high levels of quality and satisfaction for patients and employees
- Improve our facilities so we can deliver advanced, efficient care to patients who come through our doors

ORGANIZATIONAL STRUCTURE

Board of Directors

The Agency is funded by the provincial government and has a board of directors appointed by the Lieutenant Governor in Council. The key responsibilities of the board include:

- Selecting the chief executive officer and reviewing his or her performance
- Establishing the overall strategic direction and framework for the Agency, including the mission, vision and values
- Providing financial stewardship by overseeing the financial management of the organization
- Monitoring the overall quality and safety of services and programs for staff and patients
- Establishing and maintaining relationships with key stakeholders
- Maintaining effective governance which includes annually evaluating the board's effectiveness and that of its committees

Dr. Stewart McMillan
Board Chair, Regina

Ron Waschuk
Board Vice Chair, Waskesiu

Howard Crofts
Regina

Doug Finnie
Saskatoon

Velma Night
Cochin

Marlene Lumberjack
Saskatoon

Dr. Walter Streelasky
Melville

The Chief Executive Officer (CEO) is the board's link to the administration and day-to-day operations of the Agency. The CEO is accountable to the board as a whole.

"The Patient First Review in 2009 has helped us to refocus our attention and to realize that we need to put the patient at the centre of all we do as a board, an organization, and a sector," said Dr. Stewart McMillan, Saskatchewan Cancer Agency Board Chair.

The board focused its efforts on training, policies and strategic direction, and accountability. "As a board we have armed ourselves with the tools to be able to better understand the role of governance and the work of the Agency," McMillan said.

GOVERNANCE TRAINING

- Canadian Patient Safety Institute (CPSI)
- Brown Governance School
- Institute for Healthcare Improvements (IHI)
- Skills inventory created that helps define the key strengths of members and areas for recruitment

GOVERNANCE POLICIES AND STRATEGIC DIRECTION

- Policies and governance manual created
- CEO performance review process that will align with staff performance appraisals
- Board work and communications plan implemented
- Board created strategic four-year plan that aligns with the health sector

ACCOUNTABLE TO PUBLIC

- Annual report
- Annual general meeting
- Patient stories shared at every board meeting

BOARD COMMITTEES

Audit Committee

- Howard Crofts, Chair
- Doug Finnie
- Velma Night

Governance and Human Resources

- Ron Waschuk, Chair
- Marlene Lumberjack
- Howard Crofts

Quality, Safety and Risk

- Dr. Walter Streelasky, Chair
- Doug Finnie
- Ron Waschuk

Dr. Stewart McMillan, ex-officio on all committees

"The Patient First Review in 2009 has helped us to refocus our attention and to realize that we need to put the patient at the centre of all we do as a board, an organization, and a sector."

- Dr. Stewart McMillan

How We Fit In

STRATEGIC DIRECTIONS FOR THE HEALTH SECTOR

Vision: Healthy people, healthy communities

Mission: The Saskatchewan healthcare system works together with you to achieve your best possible care, experience and health

Values: Respect
Engagement
Excellence
Transparency
Accountability

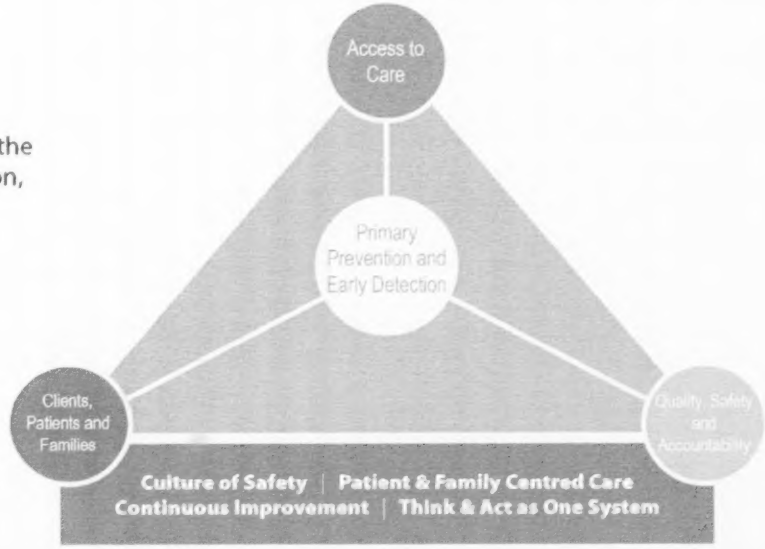
Better Care
Better Health
Better Teams
Better Value
Culture of Safety | Patient & Family Centred Care
Continuous Improvement | Think & Act as One System

STRATEGIC DIRECTIONS FOR THE SASKATCHEWAN CANCER AGENCY

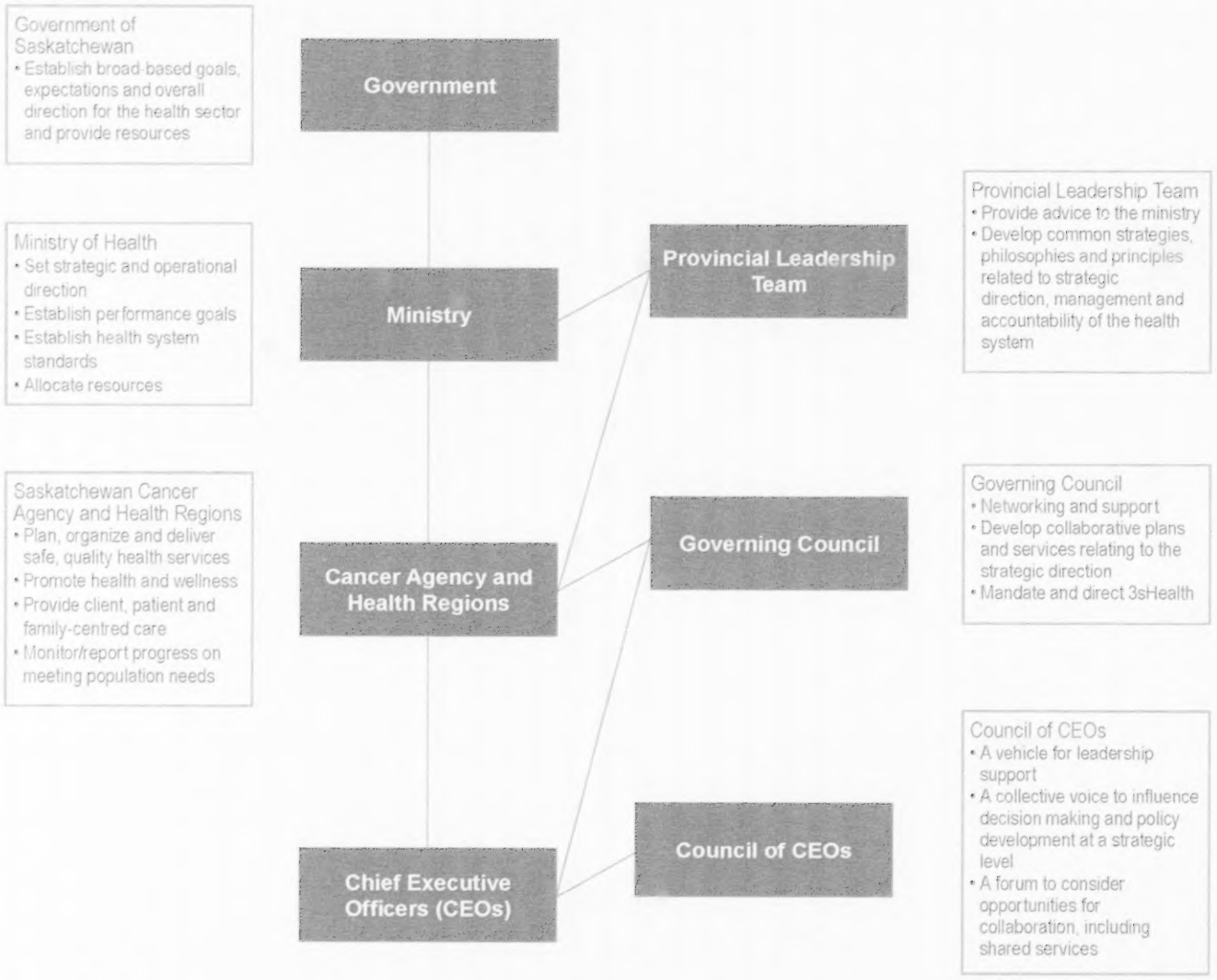
Vision: A healthy population free from cancer

Mission: To provide leadership in cancer control for the people of Saskatchewan through prevention, early detection, treatment and research

Values: Caring and Respect
Ethics and Accountability
Quality and Innovation
Collegiality and Teamwork
Continuous Learning and Improvement


Access to Care
Primary Prevention and Early Detection
Clients, Patients and Families
Quality, Safety and Accountability
Culture of Safety | Patient & Family Centred Care
Continuous Improvement | Think & Act as One System

HEALTH SYSTEM ROLES AND RESPONSIBILITIES


Government of Saskatchewan
• Establish broad-based goals, expectations and overall direction for the health sector and provide resources
Government
Ministry of Health
• Set strategic and operational direction
• Establish performance goals
• Establish health system standards
• Allocate resources
Ministry
Saskatchewan Cancer Agency and Health Regions
• Plan, organize and deliver safe, quality health services
• Promote health and wellness
• Provide client, patient and family-centred care
• Monitor/report progress on meeting population needs
Cancer Agency and Health Regions
Chief Executive Officers (CEOs)
Provincial Leadership Team
Governing Council
Council of CEOs
Provincial Leadership Team
• Provide advice to the ministry
• Develop common strategies, philosophies and principles related to strategic direction, management and accountability of the health system
Governing Council
• Networking and support
• Develop collaborative plans and services relating to the strategic direction
• Mandate and direct 3sHealth
Council of CEOs
• A vehicle for leadership support
• A collective voice to influence decision making and policy development at a strategic level
• A forum to consider opportunities for collaboration, including shared services

Better Health

Improve population health through health promotion, protection and disease prevention, and collaborating with communities and different government organizations to close the health disparity gap.

Today, cancer is the leading cause of death for Canadians, overtaking heart disease and stroke. In Saskatchewan an estimated 5,500 new cases of cancer will be diagnosed and more than 2,300 people will die from the disease. (Canadian Cancer Society Statistics 2012)

The incidence of cancer continues to rise annually in Canada by two to three per cent. In comparison the number of people living with cancer is growing at least twice that rate.

Forty-two per cent of new cancer cases and 59 per cent of cancer deaths will occur among those who are 70 years of age and older.

These numbers are significant when you consider that for each person diagnosed with cancer, their families and friends are also affected in so many ways.

In the 1960s only 33 per cent of Canadians survived a diagnosis of cancer. Today the five-year survival rate is approximately 62 per cent due in part to early detection through screening programs and the development of new drugs and treatment methods through research.

However, one of the other key pieces to reducing the risk of cancer is prevention.

At least half of all cancers are preventable through healthy lifestyles which includes:

- Eating healthy foods
- Being physically active
- Maintaining a healthy body weight
- Practicing sun safety
- Avoiding the use of tobacco
- Limiting alcohol consumption

The challenge, though, lies in translating this knowledge into actual changes in individuals, families and in our communities.

"Our prevention and early detection programs give people a fighting chance against cancer," said Scott Livingstone, Saskatchewan Cancer Agency CEO. "We strongly believe that primary cancer prevention is one way to reduce the costs associated with cancer treatment, and has a positive impact on the general health of individuals and their families in this province."

The annual projected number of new cases of cancer by the year 2030 is 3,219 for females and 4,388 for males. This represents a 32 per cent increase for females and a 50 per cent increase for males when compared with 2010.

For many cancers diagnosed with localized stage, five-year survival rates are in excess of 90 per cent.

PREVENTION

"Our work in primary prevention is about keeping healthy people healthy," said Dr. Jon Tonita, Vice President of Population Health, Saskatchewan Cancer Agency. "It also offers the most cost-effective long-term strategy for cancer control."

Sadly, for the first time in centuries, today's children may have a shorter life expectancy than their parents. The Cancer Agency believes we can turn this around by working together with other organizations, government ministries, physicians and stakeholders to look at ways we can encourage Saskatchewan residents to take a greater role in their health.

Our priorities in prevention include:

- Increasing awareness and education about cancer prevention and its common risk factors with other chronic diseases and helping communities and individuals to take a role in their own well-being
- Enhancing provincial and national partnerships to support a coordinated approach to cancer prevention
- Establishing a provincial cancer risk factor surveillance profile where we are able to monitor risk and evaluate appropriate interventions

SUN SAFETY

One of the key areas of work has been in sun safety through Sun Smart Saskatchewan which is a diverse group of organizations and individuals interested in preventing and reducing the incidence and mortality from skin cancer.

Melanoma is one of the fastest growing cancers in Canada and the second most common cancer in young adults aged 15 to 34. The incidence of this cancer has more than tripled over the last 30 years and continues to increase. An estimated 5,800 Canadians will be diagnosed with melanoma this year and 970 will die from it. While only seven per cent of all skin cancer cases are melanoma, it is responsible for 75 per cent of the deaths associated with skin cancer.

"Skin cancer is highly preventable," Livingstone said. "We know that there is no such thing as a healthy tan, and while we want people to enjoy being active outdoors, we want them to do it safely by wearing sunscreen, appropriate clothing, sunglasses and seeking shade when the sun is at its strongest."

Sun Smart Saskatchewan has been creating awareness through a Facebook page, radio and print advertising and working with students at the Evan Hardy High School Film program in Saskatoon to develop videos on skin cancer prevention and the dangers of artificial tanning.

Melanoma

is one of the fastest growing cancers in Canada and the second most common cancer in young adults aged 15 to 34.

Since 1990 the Screening Program for Breast Cancer has detected nearly 3,000 cases of breast cancer. Cindy is one of them.

She and her daughter Jen share their story. Watch the video at www.saskcancer.ca/cindystory.

EARLY DETECTION

Secondary prevention includes screening and early detection.

Breast Cancer Screening

In October of 2012 the Cancer Agency, with the help of the Minister of Health, officially opened its newly-renovated space in Regina for the Screening Program for Breast Cancer (SPBC). This clinic now provides digital mammograms. Clients can take a virtual tour of the clinic at www.saskcancer.ca/spbc-regina.

"Effective screening offers the best chance for early detection and treatment of breast cancer," Health Minister Dustin Duncan said in a news release. "Improved cancer care is a high priority for our government. We increased our annual investment in the Saskatchewan Cancer Agency to support innovation that increase people's chances of surviving cancer."

Digital mammography has become the standard of care for breast imaging. The images produced are of a much higher quality, especially in dense breast tissue, allowing the radiologists to more easily see abnormalities. Radiologists can also magnify images for better viewing of questionable areas in the breast.

"We know that every woman screened is a potential life saved," said Livingstone. "Having digital mammography equipment in our Regina facility as well as the mobile is an important step in improving our ability to detect cancer in its early stages when the outcomes are better for patients."

The cost of the relocation and installation of digital mammography equipment in the Regina centre and on the mobile was just over $1.5 million.

The SPBC is a population-based provincial screening program for the early detection of cancer. The program screens approximately 38,000 women each year between the ages of 50 and 69.

Between 1990 and 2007 there has been a 36 per cent reduction in the breast cancer mortality rate. Through the SPBC, approximately 75 per cent of breast cancers diagnosed are early stage.

75% of cancers diagnosed through the Screening Program for Breast Cancer are early stage.

Colorectal Cancer Screening

In February 2013 the Agency reached a significant milestone in providing access to screening for colorectal cancer in the province. All Saskatchewan residents between the ages of 50 and 74 now have access to this potentially life-saving screening program. Through the Screening Program for Colorectal Cancer (SPCRC), residents can be screened for colorectal cancer with an easy-to-use in-home test.

The SPCRC uses a fecal immunochemical test (FIT) which looks for blood in the stool that is not visible to the naked eye. There are no dietary or medication restrictions, and only one sample is needed. The test kits are mailed or delivered to eligible residents aged 50-74. Once the in-home test is completed, the participant uses the supplied postage-paid envelope to mail the sample to the Saskatchewan Disease Control Laboratory for analysis.

"The completion of our expansion of the Colorectal Cancer Screening Program province-wide will make a difference in the lives of patients and families," Health Minister Dustin Duncan said in a news release. "Colorectal cancer is the second most diagnosed cancer and the second leading cause of death, yet it is 90 per cent preventable and easily treated when found in early stages."

The SPCRC is a population-based screening program of the Saskatchewan Cancer Agency. It is estimated that the screening program will cost approximately $3.6 million annually now that it is available province wide.

"Working closely with the health regions and the ministry to deliver the screening program has been essential to the success of the program," Livingstone said. "Together we are helping save lives. Approximately 70 per cent of the people whose tests come back as abnormal turn out to have cancer, precancerous or benign tumors or polyps detected."

Since the program launched in September 2009, more than 151,000 residents have been invited to participate in the screening program and more than 53,000 have participated by using the FIT.

"This is an important milestone for the Cancer Agency, but what's even more important is what this program has the potential to do for people in this province; and that is save lives. When detected early colorectal cancer results in better outcomes for individuals, families and communities," Livingstone said. "If more people over the age of 50 were routinely screened for colon cancer, the death rate for this disease could significantly be decreased. That's what we are hoping to achieve with the Screening Program for Colorectal Cancer."

"If more people over the age of 50 were routinely screened for colon cancer, the death rate for this disease could significantly be decreased. That's what we are hoping to achieve with the Screening Program for Colorectal Cancer."

- Scott Livingstone

Better Care

In partnership with patients and families, improve the individual's experience, achieve timely access and continuously improve healthcare safety.

"When patients come through our doors they are met with caring and compassion. We are doing our best to provide them with the programs and services they need and to care that is closer to home," Scott Livingstone said.

A diagnosis of cancer is not easy for patients, their families or their communities. To help them through this diagnosis we focused on three specific areas during the year:

- Emotional support
- Information, communication and education
- Access to care (care close to home)

Everyone's cancer experience is different, but it is important that patients and family members have support systems and care options available to them throughout their cancer journey. Emotional support plays a crucial role in ensuring quality of life for people undergoing cancer treatment and dealing with its effects. Addressing physical and emotional symptoms during treatment increases a patient's ability to fully benefit from the treatments available.

EMOTIONAL SUPPORT

The Agency initially began using the Screening for Distress Tool in 2011 and continued this work in 2012. As of March 31, 2013 screening for distress was conducted on 37 per cent of all new patients.

As a result of the first screening for distress tool survey conducted, a provincial fatigue program for patients and families was developed. Initial evaluation of the program showed a very positive response and benefit to our patients and families.

Screening alone is not effective in managing patient distress. To assist patients looking for additional support, the Agency has developed and conducted support programs such as CancerChatCanada (an online support group) and survivorship programming, as well as make information available for patients throughout the clinics and on the Internet.

To better understand our patient needs we have been working with the Canadian Partnership against Cancer (CPAC) to gather the perspectives of patients and family members concerning their interactions with the cancer system, their health conditions related to their treatment and care, and patient/family engagement. These measurements will allow us to work on continuous improvement for patient and family-centred care.

With resources such as these, care providers can identify emotional distress earlier, improve symptom management, promote collaborative, interdisciplinary care, and enhance the quality of life for patients.

37 per cent

of new patients were screened for distress, as of February 2013.

INFORMATION, COMMUNICATION AND EDUCATION

Effective communication provides patients with the information they need to actively participate in making decisions about their own care throughout the course of their illness. Research has shown that effective patient education enhances patients' knowledge and understanding of their disease and its treatment while also improving symptom management, ability to cope, autonomy and confidence in the ability to self-manage their illness, and overall satisfaction with care.

ACCESS TO CARE

Enhancing Patient Care with Telehealth

In an effort to provide the highest quality of service and the best patient experience, we developed a pilot program with Telehealth Saskatchewan and the La Ronge Health Centre to deliver care directly to cancer patients who might otherwise have to travel significant distances for appointments.

"Travel for medical care can be a considerable problem for those in rural and northern parts of the province, particularly for patients who often have to make frequent visits during their care," said Livingstone. "Our goal is to reduce the amount of travel required by offering assessment and advice by the oncology team to patients in facilities closer to their homes, where they have the support of family, friends and community."

Patient and Family-Centred Care

"We have taken many steps to improve our patient experience over the last year with involvement of our patients and families, staff and physicians," Livingstone said.

In the second year of its term our Patient and Family Advisory Council (PFAC) has increased activities related to patient and family involvement. These activities include providing advice and input in multiple committees, working groups and provincial advisory groups. Patients and family members are also involved in quality and safety activities for continuous improvement. For example PFAC was involved in evaluating our new patient orientation as well as fully participating in Rapid Process Improvement Workshops.

Community Oncology Program of Saskatchewan

In the past year the Prince Albert Parkland Health Region was a pilot site to enhance services to our Community Oncology Program of Saskatchewan (COPS) centres. Working together with the health region and the Canadian Cancer Society, we are hoping to improve patient navigation for cancer care and support, improve problem-solving and coping skills for patients, and help reduce anxiety overall.

5,640,000 The number of kilometres of travel saved by patients who received treatment at Community Oncology Program of Saskatchewan centres.

18,360 The number of kilometres of travel saved by patients who received care through Telehealth Saskatchewan.

797 The number of patients who received the flu immunization at the Allan Blair Cancer Centre and Saskatoon Cancer Centre.

489 The number of family members and caregivers of patients who were also immunized.

Influenza Vaccinations

Patients being treated for cancer often have compromised immune systems. For these patients, the flu can lead to serious, even life-threatening problems.

From October 11-November 9 we provided flu immunization for patients (adult and pediatric) and their families and caregivers.

By providing access to flu shots at the cancer centres we hope to improve the patient experience and have our patients avoid waiting in community line ups.

Providing safe, quality care and ensuring our patients and everyone who helps support them gets immunized is about providing the best care possible.

Integrated Provincial Hematology Program

An integrated provincial hematology program will provide timely, accessible, comprehensive and quality hematology services along the care continuum for Saskatchewan adult patients.

In this fiscal year we provided 30 autologous and 22 allogenic transplants. Only two patients had to go out of province for a transplant. This program continues to grow and provide timely patient-centred care for Saskatchewan residents.

"Providing safe, quality care and ensuring that we are providing the services that our patients need are our priorities. Providing the vaccine to patients in our cancer centres is a safe and effective way for patients to protect themselves against the flu virus."

- Scott Livingstone

Better Value

Achieve best value for money, improve transparency and accountability, and strategically invest in facilities, equipment and information infrastructure.

SAFETY AND ACCOUNTABILITY

Together with the health regions we are looking at where we can share services and resources and be more accountable with the funds we have.

Shared services:

- Purchasing supplies and drugs
- Paperless paystubs
- Work flow management system
- Housekeeping services

"Better value is more than just about the bottom line," Scott Livingstone said. "We continue to improve our programs and services with a focus on safety and accountability that adds value for everyone. Safe staff means safe patients, and that is what we are trying to achieve across the board. Safety in the Cancer Agency looks at the entire scope of what we do, how we do it, and most of all, what it means in terms of our patient care."

A strong safety program is the cornerstone to ensuring the Agency is protecting our patients and staff. Our goal is to put safety first in our planning, actions and service delivery. Over the last year we have made significant progress in this area.

The Agency has taken a direct approach to promoting safety in the organization by:

- Providing information and education to staff about what safety means for the Agency and the role everyone can play
- Formally signing the Mission Zero charter (zero workplace injuries)
- Creating a safety plan that emphasizes accountability, internal process and knowledge and skill sharing
- Implementing an unusual occurrence management system (UOMS)

Since we implemented UOMS in June 2012:

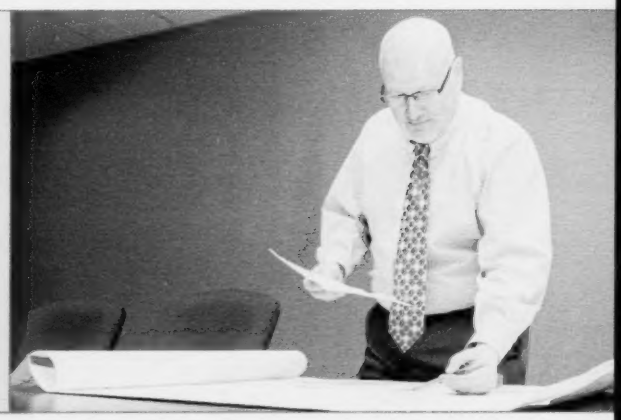
- Reporting of safety events has increased by more than 500 per cent compared to the paper-based system
- Approximately 25 per cent of safety events reported are 'near miss' or events that have been proactively reported/avoided
- Based on trends, we conducted a review of housekeeping processes to improve facility cleanliness and infection control
- Changes were made to processes to enhance communication flow on critical patient care data/lab results with the health regions
- Enhancement of the pre-printed order process to reduce the prescribing/dispensing/administration errors
- Improved awareness of safety and occurrence reporting among staff

"This system is helping us to track errors, become more accountable and better at resolving the problem not just in the immediate moment, but looking at what is really behind the issue so that we can create a better process or manage risk more effectively," said James Haney, Provincial Leader of Quality, Safety and Risk for the Saskatchewan Cancer Agency.

"Safety in the Cancer Agency looks at the entire scope of what we do, how we do it, and most of all, what it means in terms of our patient care."

- Scott Livingstone

Part of creating better value in the system is investing wisely in our infrastructure. While healthcare deals primarily with people it is still a business and needs good management and planning to keep it running smoothly.



"For safety to truly be part of the Agency culture, it must be front of mind within daily patient care and other Agency processes," Livingstone said. "I believe we have started building a safety first culture that is not only unique and leading edge for the province but that is at the very core of who and what we are as a cancer organization."

Part of creating better value in the system is investing wisely in our infrastructure. While healthcare deals primarily with people it is still a business and needs good management and planning to keep it running smoothly.

With this in mind, the Cancer Agency developed a four-year information management strategic plan that guides our future technology investments and reflects the increasing role of an electronic health records system.

"Clinicians rely on complete, accurate and timely information to help care for patients," said Livingstone. "This has meant a renewed focus on our systems to help get patient information to healthcare providers and to assist patients directly."

"I believe we have started building a safety first culture that is not only unique and leading edge for the province but that is at the very core of who and what we are as a cancer organization."

Scott Livingstone

Better Teams

Build safe, supportive and quality workplaces that support patient and family-centred care and collaborative practices, and develop a highly skilled, professional and diverse workforce that has a sufficient number and mix of service providers.

"We don't care for patients by ourselves. We are aware that our patients have doctors in their communities, and that a diagnosis of cancer often requires specialists, diagnostics, and surgeons before they ever hit our doors," Scott Livingstone said. "This is important because for too long in healthcare we have tried to work independently, and now for the first time we are making progress together. We are working with communities to anticipate and meet needs and that is changing healthcare in this province."

BUILDING AN ETHICS FRAMEWORK TO GUIDE DECISIONS

The Agency worked with the Saskatoon Health Region to establish an ethics program.

Every day patients, families, healthcare professionals and administrative staff make decisions about how to provide the very best care possible. Although each case presents unique circumstances, generally a bioethics consultant will guide a process through which dilemmas are framed and values identified.

RESEARCH

We are working with the University of Saskatchewan and the Saskatoon Health Region to create opportunities for patient-oriented research. The Agency also continues to contribute to the knowledge and work of graduate students through research grants.

FUNDRAISING

We continue to establish relationships with organizations and individuals who can help us fund equipment and research and provide comfort and care programs.

"We appreciate all our donors and the hard work that goes into many of the events people do across this province raising funds for the Agency and our programs," Livingstone said. "As long as there are patients we have more work to do but we will be doing it together with our partners across this province."

A unique partnership with the Saskatchewan Roughriders and Cameco has helped the Agency deliver dreams to women with a life-threatening diagnosis of cancer. Through the Cameco Touchdown for Dreams Program five dreams were fulfilled ranging from trips to home renovations.

Cameco Touchdown for Dreams recipients, 2012
left to right: Megan Wells, Vel McMillan, Shawna Frederick, Amanda Ringdahl, Lisette Dubuc

OUR DONORS, OUR PARTNERS IN CARE

- Choc 'laCure - over $1M raised for treatment equipment at the Saskatoon Cancer Centre since 2007
- Ladies of Harley - $122,000 raised for the Screening Program for Breast Cancer since 2007
- C95 Radio Marathon - over $3M raised for breast cancer research since 2000

The community got involved with Cameco Touchdown for Dreams through the sale of particular merchandise during a Roughrider game, raising more than $22,000. In addition, this program inspired three Rider players to raise funds to cut their hair. The Canadian Hair Force, which included players Graig Newman, Sam Hurl and Scott McHenry, cut off their lengthy locks and donated the funds. More than $16,000 was raised for the program through this initiative.

PARTNERS IN CARE

Provincial Partners:

eHealth Saskatchewan is the Saskatchewan Treasury Board Crown Corporation with the mandate to lead Saskatchewan Electronic Health Record (EHR) planning and strategy for the province of Saskatchewan. eHealth's role is to:

- Lead Saskatchewan's efforts and investments toward building an electronic health record for each resident
- Coordinate, operate and maintain other selected IT systems on behalf of healthcare delivery organizations in the province.

The Agency uses the resources of eHealth in conjunction with its own internal information management team.

Sun Smart Saskatchewan is a partnership of organizations and individuals whose goal is to reduce the occurrence and death from skin cancer in Saskatchewan. Members include the Saskatchewan Cancer Agency, Canadian Cancer Society, Saskatchewan Dermatology Association, Ministry of Health, Ministry of Education, health regions, College of Pharmacy and Nutrition (University of Saskatchewan), and Health Canada (First Nations and Inuit Health Program, Saskatchewan Region).

The Drug Advisory Committee of Saskatchewan (DACS) provides independent, specialized advice to the minister of health on drug-related matters. The committee makes recommendations concerning which drug products should be considered for public funding (through the Saskatchewan Drug Plan, in hospitals via health regions, and by the Saskatchewan Cancer Agency) based on rigorous, evidence-based reviews of the products.

The mandate of DACS is advisory in nature and is to provide recommendations regarding the coverage of drug therapies under publicly-funded drug programs and in hospitals, and guidance on a variety of other pharmaceutical issues.

The responsibilities of DACS are to:

- Evaluate drug products in terms of therapeutic value, cost-effectiveness, patient impact, and in comparison to accepted therapy
- Recommend to the minister those products that should be considered for publicly funded drug coverage, and the conditions under which such products should be funded
- Provide reasons for recommendations made to the minister
- Recommend to the minister which drug products should be designated as interchangeable products
- Monitor and evaluate the drugs listed as publicly-funded benefits in Saskatchewan with regard to their continued therapeutic value and cost-effectiveness, as well as drug use patterns, and current scientific knowledge
- Provide advice to the minister on relevant pharmaceutical and therapeutic issues, drug pricing, drug policy, provincial drug management strategies, and other related topics

In making its recommendations, DACS will:

- Consider the evidence-based reviews from the national drug review committee(s)
- Consider clinical evidence, pharmacoeconomic analysis, Saskatchewan budget impact analysis, and other expert review information
- Use the perspective of a healthcare program payer within a publicly-funded healthcare system

Office of the Saskatchewan Information and Privacy Commissioner (OIPC) is an independent officer of the Saskatchewan Legislative Assembly that ensures that the privacy and access rights of the people of Saskatchewan are protected. The Agency takes the privacy of our patients, clients and employees very seriously and works to ensure we are following *The Health Information Protection Act* at all times. Through our Quality, Safety and Risk department we have a privacy officer that assists in handling concerns that may arise.

Ombudsman Saskatchewan: The Ombudsman is an independent office that promotes and protects fairness in the design and delivery of government services. They take complaints about provincial government ministries, agencies, Crown corporations, boards and commissions.

The Agency provides information to the Ombudsman upon request and helps to resolve concerns that come to Ombudsman Saskatchewan.

3sHealth (Shared Services Saskatchewan) provides province-wide shared services to support a high performing, sustainable, patient and family-centred health system in Saskatchewan. The Agency is working with 3sHealth to deliver electronic services to employees through Gateway Online and on bulk purchasing of supplies.

Health Quality Council (HQC) is an independent agency that measures and reports on quality of care and works with its health system partners to make healthcare better and safer in Saskatchewan. The Cancer Agency has worked with HQC on the patient experience through an NRC Picker survey. In addition, the Agency's access to care information is available on the HQC website Quality Insight.

National Partners:

Along with local partners, the Agency works closely with many large national entities that are aligned with providing quality and excellence in cancer control.

The Canadian Partnership Against Cancer (CPAC) is an independent organization funded by the federal government to accelerate action on cancer control for all Canadians. CPAC works with cancer experts, charitable organizations, governments, cancer agencies, national health organizations, patients, survivors and others to implement Canada's cancer control strategy.

CPAC's work spans the cancer control continuum, from prevention and screening to research and supportive care. The Cancer Agency sits on and participates on many of the advisory groups of CPAC.

The pan-Canadian Oncology Drug Review (pCODR) assesses cancer drugs and makes recommendations to the provinces and territories to guide their drug funding decisions. Established in 2010 by the provincial and territorial ministries of health, pCODR is designed to bring consistency and clarity to the assessment of new cancer drugs by looking at both clinical evidence and cost-effectiveness.

pCODR is the permanent successor to the interim Joint Oncology Drug Review (JODR) which provided evidence-based recommendations for cancer treatments since early 2007 and demonstrated the value that a national collaborative platform can provide to cancer care decision-making.

Along with the provinces and territories, with the exception of Quebec, pCODR partners are the provincial cancer agencies, the Canadian Partnership Against Cancer and the Canadian Agency for Drugs and Technology in Health.

Coalitions Linking Action and Science for Prevention (CLASP) is an initiative led by the Canadian Partnership Against Cancer. CLASP aims to improve the health of communities and Canadians by bringing together organizations from various provinces and territories, forming coalitions to prevent chronic diseases. The initiative responds to the fact that many aspects of healthy living and a healthy environment can reduce the risk of chronic diseases such as diabetes, lung disease, and heart disease. The Agency has worked with CLASP and received funding for Health Empowerment for You (HEY), the first-ever cancer and chronic disease prevention curriculum for First Nations youth and young adults. More than 100 people were trained to facilitate the curriculum, including representatives from 48 First Nations communities in Saskatchewan and 26 First Nations communities and four Tribal Councils in Manitoba.

The Canadian Cancer Society (CCS) is a national, community-based organization of volunteers, whose mission is the eradication of cancer and the enhancement of the quality of life of people living with cancer. The Cancer Agency invites members of the CCS to sit on screening program advisory committees and have started a pilot program in the Allan Blair Cancer Centre where we have an information specialist from the CCS in our facility.

Better Health, Better Care Better Value, Better Teams

LEAN MANAGEMENT SYSTEM

"Canadian healthcare organizations are increasingly asked to do more with less, and too often this has resulted in demands on staff to simply work harder and longer. Lean methodologies, originating from Japanese industrial organizations and most notably Toyota, offer alternative tried and tested approaches to working smarter. Lean, with its systematic approaches to reducing waste, has found its way to Canadian healthcare organizations, with promising results." *Leading Lean: A Canadian Healthcare Leader's Guide.*

The province continued its work in Lean, rolling out a provincial sector-wide healthcare strategy with key initiatives that would result in better health, better care, better value and better teams.

"Saskatchewan is the first jurisdiction in Canada to apply Lean processes across its entire health system. We are implementing Lean as it has proven its value in helping many organizations improve and support quality, cost-effective services that meet the needs of clients, patients and staff. Saskatchewan is uniquely positioned to introduce major, meaningful healthcare reform," Scott Livingstone said.

In 2012-13, the Agency began developing the infrastructure to support continuous improvement so that we are delivering safe, quality, patient and family centred care to our patients.

"If we are to be successful we need to ensure that we have strong leaders across our organization who understand the fundamentals of Lean and how we can use the tools to improve," Livingstone said. Given this direction 14 Agency staff were enrolled in the Lean Leader Certification program including all of the senior management team, and an additional 13 staff have been enrolled in the program for 2013.

"While seminars and classroom work are useful starting points, Lean is ultimately learned through hands-on experience where we are actually implementing continuous improvement," Livingstone explained.

"One of the biggest differences from other management styles is that with Lean you engage front-line staff and they are an integral part of developing ideas for improvement as they know the processes the best."

- Scott Livingstone

There are a number of management tools that can be applied to make improvements, but the Agency and sector have chosen to use Lean. "One of the biggest differences from other management styles is that with Lean you engage front-line staff and they are an integral part of developing ideas for improvement as they know the processes the best," said Livingstone.

During the fiscal year the Agency created a Kaizen Promotion Office to coordinate and support the Agency's various Lean initiatives on an ongoing basis. These investments will enable the Agency to continue achieving and sustaining significant improvements in its services. "If Lean is going to be successful and sustained then it needs to feel like a natural part of day-to-day operations, not an isolated initiative," said Kevin Lacey, Provincial Leader, Kaizen Promotion Office.

A successful 5S (sort, simplify, sweep, standardize, sustain) transformation in Medical Physics at the Saskatoon Cancer Centre resulted in 392 square feet of space being cleared. Items are now clearly labeled and stored where they are more easily accessible, resulting in better efficiency, increased productivity and less interruption in patient care.

Before After

Provincial Direction	Agency Direction	Provincial Initiative	Agency Project	Outcomes
Better Health	Enhance primary prevention and early detection	Strengthen patient-centred primary health care by improving connectivity, access, and chronic disease management	Implement the Screening Program for Colorectal Cancer province wide	The program became provincial in February 2013
Better Care	Improve access to care along every step of the cancer journey through influence and action	Transform the patient experience through sooner, safer, smarter surgical care	Implement Telehealth with Saskatoon Cancer Centre and La Ronge	18,360 kilometres of travel saved for patients
		Safety culture: Focus on patient and staff safety	Implement unusual occurrence management system	The system has been launched Agency wide
			Implement medication reconciliation	Initital key steps were taken and has become ongoing work for the Agency
			Implement computerized physician order entry	cPAD, the precursor to the CPOE project, was piloted
	Improve the client, patient and family experience	Transform the patient experience	Implement palliative pain and symptom management	Initial work on a framework begun
			Implement Prince Albert Parkland Health Region recommendations for the Community Oncology Program of Saskatchewan (COPS)	Short-term recommendations have been implemented
			Clinical Management System (CMS) remote access roll-out	Three COPS centres have gone live with CMS remote access
			Implement integrated hematology program	The framework was implemented and 30 autologous and 22 allogeneic transplants performed
Better Value	Drive improvements in quality, safety and accountability	Deploy a continuous improvement system including training and infrastructure across the health system with an initial focus on the surgical value stream and 3P within Five Hills, Prairie North, Prince Albert Parkland, and Saskatoon health regions	Implement Agency Lean management system Infrastructure	14 Agency staff enrolled in Lean certification
			Develop information management strategic plan	An IT strategic plan was developed and implementation began with continuation in 2013-14
			Re-develop Saskatoon Cancer Centre research space	Progress was not made on redevelopment and will be carried out in 2013-14
		Identify and provide services collectively through a shared services organization	Workforce management self service	Gateway Online launched (paperless paystubs and personal information bundles)
Better Teams	Drive improvements in quality, safety and accountability		Implement leadership development program	Several staff enrolled in Leads program and process began for a broader program with the Agency in 2013
			Implement employee/physician engagement survey action plan	From the employee engagement survey: • Senior leadership walk arounds were started • Regular communication about facilities activities was established
			Re-vamp performance appraisal system	A process for performance appraisals aligned to the strategic direction of the Agency was piloted and will be rolled out in 2013-14

Progress by the Numbers

VOLUME STATISTICS

Clinical Services	Allan Blair Cancer Centre	Saskatoon Cancer Centre	Provincial Total
Number of New Patient Appointments			
- Medical oncology	1,491	1,434	2,925
- Radiation oncology	1,313	1,371	2,684
- Pediatric oncology	22	16	38
- Hematology	186	349	535
Number of Review Patient Appointments			
- Systemic oncology	14,746	9,417	24,163
- Radiation oncology	4,355	6,150	10,505
- Pediatric oncology	632	1,077	1,709
Radiation Therapy Workload Statistics			
- Treatment sessions started	928	1,001	1,929
- Fractions (number of treatment sessions)	17,938	20,025	37,693
- Fields (number of beams delivered)	89,146	92,850	181,996

Access	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Number of Days Between Referral and First Appointment (90th percentile)				
- Medical oncology	56	55	67	63
- Radiation oncology	41	52	42	59
Number of Days Between Ready to Treat and First Treatment (90th percentile)				
- Chemotherapy	13	13	13	13
- Radiation therapy	14	15	18	18

Stem Cell Transplants	2011/12	2012/13
Number of allogeneic transplants	29	22
Number of autologous transplants	37	30
Number of patients sent out of province	9	2

Pharmacy Services	2011/12	2012/13
Number of Oral Prescriptions Processed		
- Allan Blair Cancer Centre	22,336	22,857
- Saskatoon Cancer Centre	27,554	29,601
- Provincial	49,890	52,458
Number of IV Medications - Inpatient		
- Allan Blair Cancer Centre	4,214	3,388
- Saskatoon Cancer Centre	2,813	1,760
- Provincial	7,027	5,148
Number of IV Medications - Outpatient		
- Allan Blair Cancer Centre	25,081	22,047
- Saskatoon Cancer Centre	22,367	21,933
- Provincial	47,448	43,980
Number of COPS Orders Dispensed		
- Through the Allan Blair Cancer Centre	3,473	4,908
- Through Saskatoon Cancer Centre	5,241	3,883
- Provincial	8,714	8,791

Clinical Trials	
Per cent of patients screened for clinical trials eligibility	97%
Per cent of new patients enrolled	5%

Community Oncology Program of Saskatchewan	
Number of patients	1,564
Number of treatment visits	8,576
Number of kilometres saved in patient travel	5,640,000

Number of Influenza Vaccines	
Patients	797
Family and caregivers	489

Safety	
Sick leave hours per FTE	64.19
Wage-driven premium hours per FTE	18.26
Lost time workplace injuries per 100 FTEs	.71

Screening Program for Breast Cancer	Number of Screens
Mobile unit	6,136
Regina centre	10,699
Saskatoon centre	8,846
Satellite centres (Moose Jaw, Yorkton, Swift Current, Prince Albert, North Battleford, Lloydminster)	10,995
Total	36,676
Participation rate - overall (2009/10)	46.15%

Prevention Program for Cervical Cancer	
Invitations (21 year olds)	7,775
Recall letters (one, two and three-year intervals)	88,260
Participation rate	59.17%

Screening Program for Colorectal Cancer (since September 2009)	
Invitations	151,734
Participation rate - overall	35.0%
Participation rate - northern health regions	27.8%
Abnormal FIT tests	7.2%

Agency-Funded Research Grants	Researcher	Period	Amount
Determining the role of CREB3L1 in breast cancer metastasis	Dr. Deborah Anderson	April 1, 2011 - March 31, 2013	$199,674
Researching IGF-1 signaling effects on the pro-survival activities of leukemia stem cells in genetically defined murine models of chronic myeloid leukemia	Dr. John Decoteau	April 1, 2011 - March 31, 2013	$199,740
Styding treatment of human glioblastoma multiforme (GBM) xenografts with direct intra-tumor delivery of targeted anti-YB-1 therapy using cell permeable peptide (CPP) versus liposomal doxorubicin, alone or in combination with collimated microbeam radiation	Dr. Vijayananda Kundapur	April 1, 2011 - March 31, 2013	$199,924
Developing ELIZA analysis to monitor the nature of anti-cancer immune responses in colorectal cancer patients and assessing its utility in predicting outcome of treatment	Dr. Shahid Ahmed	April 1, 2012 - March 31, 2013	$49,560
Determining the outcome in elderly patients with glioblastoma multiforme	Dr. Rashmi Koul	April 1, 2012 - March 31, 2013	$21,646
Assessing if surgical management of the primary tumour in advanced colorectal cancer improves survival	Riaz Alvi	April 1, 2012 - March 31, 2013	$151,814
Characterizing the trafficking of EGFR/ErbB2 receptors in breast cancer cells	Dr. Deborah Anderson	April 1, 2012 - March 31, 2014	$200,000
Development and application of novel technologies in small field, sterotactic radiosurgery and stertactic body radiotherapy dosimetry	Dr. Gavin Cranmer-Sargison	April 1, 2012 - March 31, 2014	$36,389
Studying adoptive TNF-α transgene-engineered CD8+ T cell therapy of Trastuzumab-resistant HER-2/neu-positive breast cancer	Dr. Jim Xiang	April 1, 2012 - March 31, 2014	$197,912

Financial Summary

In 2012-13, the Saskatchewan Cancer Agency's Operating Fund received revenues of $141 million and incurred expenditures of $135.2 million resulting in an excess of revenues over expenses of $5.8 million. The positive financial position was the result of less than anticipated drug and medical supply expenditures of $4.1 million. As with past years, several variables have an impact on the cost of drugs including availability of the product, the timing of the implementation of new drug programs, the number of oncologists prescribing the drugs, and the variable types of cancer cases seen and the treatment options delivered. In addition, 2012-13 saw the results of savings due to national group buying activity for oncology drugs. This cost sustainability strategy is expected to continue in future years. The other main source of savings came from clinical staff vacancies mostly due to the timing of recruitment of clinical staff. By March 31, 2013, most clinical staff vacancies were fully recruited.

The 2012-13 Agency budget increase of $16.9 million included $3.1 million for the ratification of a new collective agreement between the Saskatchewan Cancer Agency and the Saskatchewan Government Employees' Union in October 2012. All retroactive compensation was paid out to employees prior to March 31, 2013.

As a result of these funds being made available, $5 million of this balance was transferred to the Agency's Capital Fund in order to support capital infrastructure for patient treatment and facilities pressures including the replacement of a linear accelerator at the Allan Blair Cancer Center and the initial renovations required to the Saskatoon Cancer Center made possible with the move of the Research Division to the new Academic Health Sciences Building at the University of Saskatchewan campus.

Advances in treatment and technology continue to emerge, which creates pressure to acquire new equipment technology on a timely basis. We monitor our equipment needs, allocate capital funding to high-priority areas and communicate additional funding requirements to the Ministry of Health through the annual planning processes.

In 2012-13, the Agency made significant capital investments at the Saskatoon Cancer Centre including completing the renovation of the pharmacy, replacing the orthovoltage machine (used for skin cancer treatment) and completing all required renovations and installation of equipment for a high dose brachytherapy program. Renovations were started for the installation of a new linear accelerator scheduled to be operational in the fall of 2013.

The Agency's operations continue to be heavily dependent on equipment and technology. It is important that this equipment remain current and be replaced at the end of its expected useful life to avoid the risk of equipment failure and technological obsolescence. Service contracts and in-house staff are used to maintain the equipment and maximize its useful life. Contingency plans have also been developed in the event of prolonged breakdown of the equipment.

As the incidence of cancer increases and as patients are living longer with cancer, associated increased workloads and expanding services continue to result in significant space pressures, particularly at our two cancer clinics. The Agency has an opportunity starting in 2013-14 to renovate the Saskatoon Cancer Center and will be using innovative planning methods and tools to maximize the space. A significant capital investment will be required to support this initiative in future years.

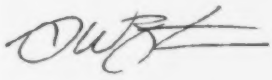
The accompanying financial statements are the responsibility of management and have been approved by the Agency's Board of Directors. The financial statements have been prepared in accordance with Canadian generally accepted accounting principles and, of necessity, include some amounts that are based on estimates and judgments. The financial information presented in the Financial Summary and elsewhere in this report is consistent with that in the financial statements.

Management maintains an appropriate system of internal control, including policies and procedures, which provide reasonable assurances that the Agency's assets are safeguarded and that financial records are relevant and reliable.

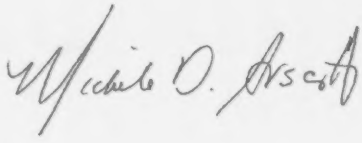
The Board of Directors carries out its responsibility for the financial statements and for overseeing management's financial reporting responsibilities by meeting with management to discuss and review financial matters. The Provincial Auditor of Saskatchewan has full and open access to the Board of Directors.

The Provincial Auditor of Saskatchewan conducts an independent audit of the financial statements. Their examination is conducted in accordance with Canadian generally accepted auditing standards and includes tests and other procedures which allow them to report on the fairness of the financial statements. The Auditor's Report outlines the scope of their audit and their opinion.

On behalf of management,



Scott Livingstone
Chief Executive Officer



Michele Arscott, CA
Chief Financial Officer and Vice President, Corporate Services

May 23, 2013

PROVINCIAL AUDITOR
of Saskatchewan

INDEPENDENT AUDITOR'S REPORT

To: The Members of the Legislative Assembly of Saskatchewan

I have audited the accompanying financial statements of Saskatchewan Cancer Agency, which comprise the statement of financial position as at March 31, 2013, March 31, 2012, and April 1, 2011; and the statement of operations, statement of changes in fund balances and statement of cash flows for the years ended March 31, 2013 and March 31, 2012, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards for Treasury Board's approval, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

My responsibility is to express an opinion on these financial statements based on my audit. I conducted my audit in accordance with Canadian generally accepted auditing standards. Those standards require that I comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Opinion

In my opinion, the financial statements present fairly, in all material respects, the financial position of the Saskatchewan Cancer Agency as at March 31, 2013, March 31, 2012 and April 1, 2011, and the results of its operations and cash flows for the years ended March 31, 2013 and March 31, 2012 in accordance with Canadian public sector accounting standards.

Regina, Saskatchewan
May 23, 2013

Bonnie Lysyk, MBA, CA
Provincial Auditor

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w www.auditor.sk.ca

Statement 1

SASKATCHEWAN CANCER AGENCY
STATEMENT OF FINANCIAL POSITION
As at March 31

	Operating Fund	Restricted Funds: Capital Fund	Restricted Funds: Research Fund	Restricted Funds: Trust Fund	March 31, 2013	March 31, 2012	April 1, 2011
						Note 13, 16	Note 13, 16
ASSETS							
Current Assets							
Cash and short-term investments (Schedule 1)	$ 8,985,572	$ 6,517,957	$ 123,668	$ 4,338,158	$ 19,965,355	$ 12,869,919	$ 16,836,842
Accounts receivable:							
- Ministry of Health - General Revenue Fund	371,773	—	—	—	371,773	5,696,143	927,036
- Other	1,681,781	15,599	—	17,791	1,715,171	1,527,898	1,534,966
Inventory	5,341,452	—	—	—	5,341,452	4,365,759	3,748,947
Prepaid expenses	470,566	—	—	3,417	473,983	412,294	407,898
Due (to) from other funds	(4,981,586)	5,121,308	(45,580)	(94,142)	—	—	—
	11,869,558	11,654,864	78,088	4,265,224	27,867,734	24,872,013	23,455,689
Investments (Schedule 1)	4,799,863	1,530,444	—	1,493,597	7,823,904	8,134,981	7,997,167
Capital assets (Note 4)	—	21,421,847	—	—	21,421,847	23,764,895	22,548,907
Total Assets	$ 16,669,421	$ 34,607,155	$ 78,088	$ 5,758,821	$ 57,113,485	$ 56,771,889	$ 54,001,763
LIABILITIES & FUND BALANCE							
Current Liabilities							
Accounts payable	$ 5,705,822	$ 253,561	$ 2,490	$ 20,866	$ 5,982,739	$ 4,620,143	$ 4,040,632
Accrued salaries (Note 14)	1,775,410	—	—	—	1,775,410	3,506,640	4,824,544
Vacation payable	1,546,474	—	2,707	1,398	1,550,579	1,394,428	1,352,632
Deferred revenue (Note 7)	3,437,966	—	—	—	3,437,966	3,482,246	5,731,450
	12,465,672	253,561	5,197	22,264	12,746,694	13,003,457	15,949,258
Long-Term Liabilities							
Employee future benefits (Note 9)	2,095,700	—	—	—	2,095,700	2,005,500	1,939,000
Total Liabilities	14,561,372	253,561	5,197	22,264	14,842,394	15,008,957	17,888,258
Fund Balances							
Invested in capital assets	—	21,421,847	—	—	21,421,847	23,764,895	22,548,907
Externally restricted (Schedule 2)	—	4,354,350	72,891	4,593,244	9,020,486	10,652,421	11,539,242
Internally restricted (Schedule 3)	2,108,049	8,577,397	—	1,143,313	11,828,758	7,345,616	2,025,356
Fund balances	2,108,049	34,353,594	72,891	5,736,557	42,271,091	41,762,932	36,113,505
Total Liabilities & Fund Balance	$ 16,669,421	$ 34,607,155	$ 78,088	$ 5,758,821	$ 57,113,485	$ 56,771,889	$ 54,001,763

Dr. Stewart McMillan
Board Chair
Saskatchewan Cancer Agency

Howard Crofts, CA
Audit Committee Chair
Saskatchewan Cancer Agency

(The accompanying notes and schedules are part of these financial statements.)

Statement 2

SASKATCHEWAN CANCER AGENCY
STATEMENT OF OPERATIONS
For the Year Ended March 31

	Operating Fund		Restricted Funds				
	Total 2013	Total 2012 Note 13, 16	Capital Fund 2013	Research Fund 2013	Trust Fund 2013	Total 2013	Total 2012 Note 16
REVENUES							
Ministry of Health – General Revenue Fund	$ 138,524,266	$ 126,760,679	$ 80,000	$ ---	$ ---	$ 80,000	$ 3,800,000
Grants	758,082	597,033	---	---	---	---	---
Donations and bequests	---	---	---	---	2,003,978	2,003,978	1,981,019
Investment income	80,816	385,268	128,810	1,373	67,312	197,495	208,918
Other revenues	1,722,814	1,848,437	---	---	---	---	---
	141,085,978	129,591,417	208,810	1,373	2,071,290	2,281,473	5,989,937
EXPENSES							
Salaries and employee benefits (Note 14)	69,747,977	64,649,563	---	---	136,245	136,245	136,943
Drugs and medical supplies	48,132,921	46,572,892	---	---	---	---	---
Purchased services	2,425,029	2,286,622	---	---	---	---	---
Other expenses	14,977,266	10,744,066	---	---	488,312	488,312	633,597
Research grants (Schedule 4)	---	---	---	620,774	---	620,774	426,361
Amortization	---	---	4,734,741	---	---	4,734,741	4,496,792
Loss/(gain) on disposal of capital assets	---	---	1,596,027	---	---	1,596,027	(82,378)
	135,283,193	124,253,143	6,330,768	620,774	624,557	7,576,099	5,611,315
Excess (deficiency) of revenues over expenses	$ 5,802,785	$ 5,338,274	$ (6,121,958)	$ (619,401)	$ 1,446,733	$ (5,294,626)	$ 378,622

(The accompanying notes and schedules are part of these financial statements.)

Statement 3

SASKATCHEWAN CANCER AGENCY
STATEMENT OF CHANGES IN FUND BALANCES
For the Year Ended March 31

2013	Operating Fund	Capital Fund	Research Fund	Trust Fund	Total
Fund balance, beginning of year	$ 1,305,264	$ 35,222,525	$ 144,094	$ 5,091,049	$ 41,762,932
Excess (deficiency) of revenues over expenses	5,802,785	(6,121,958)	(619,401)	1,446,733	508,159
Interfund transfers (Note 8)	(5,000,000)	5,253,027	548,198	(801,225)	---
Fund balance, end of year	$ 2,108,049	$ 34,353,594	$ 72,891	$ 5,736,557	$ 42,271,091

2012	Operating Fund	Capital Fund	Research Fund	Trust Fund	Total
Fund balance, beginning of year	$ 466,990	$ 30,959,924	$ 216,524	$ 4,470,067	Note 13, 16 $ 36,113,505
Excess (deficiency) of revenues over expenses	5,338,274	(495,356)	(423,916)	1,297,894	5,716,896
Interfund transfers (Note 8)	(4,500,000)	4,757,957	351,486	(609,443)	---
Transfer of trust fund balance	---	---	---	(67,469)	(67,469)
Fund balance, end of year	$ 1,305,264	$ 35,222,525	$ 144,094	$ 5,091,049	$ 41,762,932

(The accompanying notes and schedules are part of these financial statements.)

Statement 4

SASKATCHEWAN CANCER AGENCY
STATEMENT OF CASH FLOWS
For the Year Ended March 31

	Operating Fund		Restricted Funds				
	Total 2013	Total 2012 Note 13, 16	Capital Fund	Research Fund	Trust Fund	Total 2013	Total 2012 Note 16
Cash provided by (used in):							
Operating activities:							
Excess (deficiency) of revenues over expenses	$ 5,802,785	$ 5,338,274	$ (6,121,958)	$ (619,401)	$ 1,446,733	$ (5,294,626)	$ 378,622
Net change in non-cash working capital (Note 3)	1,166,560	(610,330)	2,676,060	(22,341)	191,898	2,845,617	(7,790,033)
Amortization of capital assets	---	---	4,734,741	---	---	4,734,741	4,496,792
Loss/(gain) on disposal of capital assets	---	---	1,596,027	---	---	1,596,027	(82,378)
	6,969,345	4,727,944	2,884,870	(641,742)	1,638,631	3,881,759	(2,996,997)
Capital activities:							
Purchase of capital assets							
Building/construction	---	---	(1,395,216)	---	---	(1,395,216)	(1,454,056)
Equipment	---	---	(2,592,504)	---	---	(2,592,504)	(4,377,674)
Proceeds on disposal of capital assets							
Equipment	---	---	---	---	---	---	201,329
	---	---	(3,987,720)	---	---	(3,987,720)	(5,630,401)
Investing activities:							
Disposal of investments	(2,930)	---	207,725	---	27,257	234,982	---
	(2,930)	---	207,725	---	27,257	234,982	---
Net increase (decrease) in cash and short-term investments during the year	6,966,415	4,727,944	(895,125)	(641,742)	1,665,888	129,021	(8,627,398)
Cash and short-term investments, beginning of year	7,019,157	6,791,213	2,160,055	217,212	3,473,495	5,850,762	10,045,629
Interfund transfers (Note 8)	(5,000,000)	(4,500,000)	5,253,027	548,198	(801,225)	5,000,000	4,500,000
Transfer Trust account balance (Note 15)	---	---	---	---	---	---	(67,469)
Cash and short-term investments, end of year	$ 8,985,572	$ 7,019,157	$ 6,517,957	$ 123,668	$ 4,338,158	$ 10,979,783	$ 5,850,762
Amounts in cash balances:							
Cash and short-term investments	$ 8,985,572	$ 7,019,157	$ 6,517,957	$ 123,668	$ 4,338,158	$ 10,979,783	$ 5,850,762

(The accompanying notes and schedules are part of these financial statements.)

SASKATCHEWAN CANCER AGENCY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2013

1. Legislative Authority

The Saskatchewan Cancer Foundation commenced operations on August 1, 1979 under the provisions of *The Cancer Foundation Act*. Effective January 2, 2007, it continued as a corporation under the name of the Saskatchewan Cancer Agency (Agency), pursuant to *The Cancer Agency Act*. The Agency is responsible for the planning, organization, delivery and evaluation of cancer care services throughout Saskatchewan in collaboration with regional health authorities and health care organizations.

The Agency is a non-profit organization and is not subject to income and property taxes from the federal, provincial and municipal levels of government.

2. Significant Accounting Policies

The Agency is classified as a government not-for-profit organization. These financial statements have been prepared in accordance with Canadian public sector accounting (PSA) standards, issued by the Public Sector Accounting Board of the Canadian Institute of Chartered Accountants (CICA). The Agency has adopted the standards for government not-for-profit organizations, set forth at PSA Handbook Section PS 4200 to PS 4270. As these are the Agency's first financial statements prepared in accordance with PSA standards, Section PS 2125, *First-time Adoption by Government Organizations*, has been applied. The Agency has also chosen to early adopt Section PS 3450, *Financial Instruments*, as further explained in Note 13.

The Agency's financial statements were previously prepared in accordance with Canadian generally accepted accounting principles (Canadian GAAP), as set forth in Part V of the CICA Handbook. The impact of the transition from Canadian GAAP to public sector accounting standards is described in Note 13.

a) Fund Accounting

The accounts of the Agency are maintained in accordance with the restricted fund method of accounting. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The Operating Fund reflects the primary operations of the Agency including contributions from the Ministry of Health - General Revenue Fund for the provision of health services. Other revenues consist of recoveries, ancillary revenue and billings to patients and other organizations.

ii) Capital Fund

The Capital Fund is a restricted fund that reflects the equity of the Agency in capital assets. The Capital Fund includes contributions from the Ministry of Health - General Revenue Fund designated for construction of capital projects and the acquisition of capital equipment. Expenses consist primarily of amortization of capital assets.

iii) Research Fund

The Research Fund is a restricted fund that supports the awarding of cancer research grants. The Research Fund includes contributions from research donations transferred from the Trust Fund and investment income of the Research Fund.

iv) Trust Fund

The Trust Fund is a restricted fund that accepts donations and contributions designated by the contributors to be used for such purposes as cancer research, equipment and library books. The Agency maintains a record of the funds contributed and spent for each of the designated purposes until such funds are fully utilized.

b) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized in the year as revenue of the appropriate restricted fund.

c) Investments

Investments are valued at fair value.

d) Inventory

Inventory consists of chemotherapy drugs valued at cost as determined on the average cost method.

e) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Buildings	20 years
Leasehold improvements	3 - 20 years
Equipment and furniture	4 - 15 years

Donated capital assets are recorded at their fair value at the date of contribution.

f) Asset Retirement Obligations

Asset retirement obligations are legal obligations associated with the retirement of tangible long-lived assets. Asset retirement obligations are recorded when they are incurred if a reasonable estimate of fair value can be determined. Accretion (interest) expense is the increase in the obligation due to the passage of time. The associated retirement costs are capitalized as part of the carrying amount of the asset and amortized over the asset's remaining useful life.

g) Employer Future Benefits

i. Pension plan:

Employees of the Agency participate primarily in the Public Employees Pension Plan (a related party) which is a defined contribution pension plan. The Agency follows defined contribution plan accounting for its participation in the plan. Accordingly, the Agency expenses all contributions it is required to make in the year.

ii. Accumulated sick leave benefit liability:

The Agency provides sick leave benefits for employees that accumulate but do not vest. The Agency recognizes a liability and an expense for sick leave in the period in which employees render services in return for the benefits. The liability and expense is developed using an actuarial cost method.

h) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian generally accepted accounting principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses, and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in the period in which they become known.

i) Financial Instruments

Cash, short-term investments, accounts receivable, long-term investments, accounts payable, accrued salaries and vacation payable are classified in the fair value category. Gains and losses on these financial instruments are recognized in the Statement of Operations. Long-term debt and mortgages payable are carried at amortized cost.

Financial assets in the fair value category are marked-to-market by reference to their quoted bid price. Sales and purchases of investments are recorded on the trade date. Investments consist of guaranteed investment certificates, term deposits, bonds and debentures. Transaction costs related to the acquisition of investments are expensed.

As at March 31, 2013 (2012 - none), the Agency does not have any outstanding contracts or financial instruments with embedded derivatives. Financial assets are categorized as level 1 in the fair value hierarchy.

3. Net Change in Non-Cash Working Capital

	Operating Fund		Restricted Funds				
	2013	2012 Note 16	Capital Fund	Research Fund	Trust Fund	Total 2013	Total 2012 Note 16
(Increase) decrease in accounts receivable	$ 1,097,224	$ (730,002)	$ 3,801,025	$ -	$ 238,848	$ 4,039,873	$ (4,032,038)
(Increase) in inventory	(975,693)	(616,812)	-	-	-	-	-
(Increase) decrease in prepaid expenses	(62,807)	(16,509)	647	-	471	1,118	12,113
(Increase) decrease in due (to) from other funds	678,127	4,347,893	(602,500)	(20,374)	(55,253)	(678,127)	(4,347,892)
(Increase) decrease in financial instruments	44,432	(124,357)	24,152	-	10,441	34,593	(13,457)
Increase (decrease) in accounts payable	1,918,252	(13,247)	(547,264)	(4,649)	(3,744)	(555,657)	592,758
Increase (decrease) in accrued salaries	(1,731,230)	(1,317,904)	-	-	-	-	-
Increase (decrease) in vacation payable	152,335	43,313	-	2,682	1,135	3,817	(1,517)
Increase (decrease) in deferred revenue	(44,280)	(2,249,205)	-	-	-	-	-
Increase in employee future benefits	90,200	66,500	-	-	-	-	-
	$ 1,166,560	$ (610,330)	$ 2,676,060	$ (22,341)	$ 191,898	$ 2,845,617	$ (7,790,033)

4. Capital Assets

	March 31, 2013			March 31, 2012
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land and Improvements	$ 280,297	$ ---	$ 280,297	$ 280,297
Buildings	23,377,864	19,535,480	3,842,384	3,254,527
Leasehold Improvements	13,944,558	9,804,214	4,140,344	4,745,113
Equipment and Furniture	33,530,308	20,371,486	13,158,822	15,484,958
	$ 71,133,027	$ 49,711,180	$ 21,421,847	$ 23,764,895

Work in progress amount included in the assets above is $1,756,031. This amount was not amortized in 2012/13.

5. Contractual Obligations

a) Capital Assets Acquisitions

At March 31, 2013, contractual obligations for acquisition of capital assets are $5,107,937 (2012 - $1,615,712).

b) Operating Leases

Minimum annual payments under operating leases on property over the next five years are as follows:

2014	$ 955,523
2015	748,576
2016	685,624
2017	687,204
2018	709,204

c) Asset Retirement Obligations

The Agency does not have any significant liability for asset retirement obligations. Asset retirement costs for the organization are associated with the removal of radiation sources from the Cancer Centres. As these costs are not significant, they will be expensed in the period in which they are incurred.

d) Contracted Health Services Operators

The Agency continues to contract on an ongoing basis with the Regional Health Authorities to provide some services such as lab tests, diagnostic radiology and housekeeping and maintenance services. In the year ended March 31, 2013, the Agency contracted services amounting to $6,626,974 (2012 - $6,713,869).

6. Cancer Patient Lodges

The Canadian Cancer Society, Saskatchewan Division, previously donated two cancer patient lodges in the province to the Agency. Under the terms of an agreement with the Society, the Agency has assumed responsibility for the operations of these lodges. Title to the properties will remain with the Agency so long as they are operated as cancer patient lodges. If the Agency ceases to use the buildings as patient lodges, title of those buildings will be transferred to the Society without charge.

7. Deferred Revenue

As at March 31, 2013	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Ministry of Health Initiatives				
Ministry of Health - General Revenue Fund				
- Aboriginal awareness training	$ 32,460	$ 2,571	$ ---	$ 29,889
- Professional development initiatives	5,095	2,393	---	2,702
- Quality workplace initiatives	36,736	24,609	---	12,127
- Colorectal screening initiatives	984,272	---	---	984,272
- Drug funding	2,157,386	---	21,574	2,178,960
- Infection control	56,000	---	---	56,000
- Lymphedema education	100,000	23,602	---	76,398
Total Ministry of Health Initiatives	**3,371,949**	**53,175**	**21,574**	**3,340,348**
Non-Ministry of Health Initiatives				
Other revenue received in advance	110,297	12,679	---	97,618
Total Non-Ministry of Health Initiatives	**110,297**	**12,679**	**---**	**97,618**
Total Deferred Revenue	**$ 3,482,246**	**$ 65,854**	**$ 21,574**	**$ 3,437,966**

As at March 31, 2012	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Ministry of Health Initiatives				
Ministry of Health - General Revenue Fund				
- Aboriginal awareness training	$ 29,487	$ 2,027	$ 5,000	$ 32,460
- Professional development initiatives	9,356	4,261	---	5,095
- Quality workplace initiatives	78,620	41,884	---	36,736
- Colorectal screening initiatives	984,272	---	---	984,272
- Access to care initiatives	2,300,000	2,300,000	---	---
- Drug funding	2,136,025	---	21,361	2,157,386
- Infection control	38,000	---	18,000	56,000
- Prostate pathways initiative	20,000	20,000	---	---
- Lymphedema education	---	---	100,000	100,000
- IPFCC training	10,000	10,000	---	---
Total Ministry of Health Initiatives	**5,605,760**	**2,378,172**	**144,361**	**3,371,949**
Non-Ministry of Health Initiatives				
Other revenue received in advance	125,690	15,393	---	110,297
Total Non-Ministry of Health Initiatives	**125,690**	**15,393**	**---**	**110,297**
Total Deferred Revenue	**$ 5,731,450**	**$ 2,393,565**	**$ 144,361**	**$ 3,482,246**

8. Interfund Transfers

Each year the Agency transfers amounts between its funds for various purposes. These include funding current and future capital asset purchases, research grants and reassigning fund balances to support certain activities.

	2013			
	Operating Fund	Capital Fund	Research Fund	Trust Fund
Capital asset purchases	$ (5,000,000)	$ 5,253,027	$ ---	$ (253,027)
Research grants	---	---	548,198	(548,198)
Total	$ (5,000,000)	$ 5,253,027	$ 548,198	$ (801,225)

	2012			
	Operating Fund	Capital Fund	Research Fund	Trust Fund
Capital asset purchases	$ (4,500,000)	$ 4,757,957	$ (33,239)	$ (224,718)
Research grants	---	---	384,725	(384,725)
Total	$ (4,500,000)	$ 4,757,957	$ 351,486	$ (609,443)

9. Employer Future Benefits

a) Pension Plan

Employees of the Agency participate in one of the following pension plans:

1. Public Employees Pension Plan (PEPP) (a related party) – This is a defined contribution pension plan. The Province of Saskatchewan is responsible for the plan. The Agency's financial obligation to the plan is limited to making required payments to match the amount contributed by the employees for current services. Pension expense for the year is included in benefits in Schedule 5.
2. Saskatchewan Healthcare Employees' Pension Plan (SHEPP) – This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU and HSAS). SHEPP is a multiemployer defined benefit plan, which came into effect December 31, 2002.

	2013			2012
	SHEPP	PEPP	Total	Total
Number of active members	47	619	666	631
Member contribution rate, percentage of salary	7.7% - 10%	7.25%		
SCA contribution rate, percentage of salary	8.62% - 11.2%	7.25%		
Member contributions (thousands of dollars)	260	3,018	3,278	2,850
SCA contributions (thousands of dollars)	291	2,955	3,246	2,896

Note: Active members are employees of the Agency, including those on leave of absence as of March 31, 2013. Inactive members are not reported by the Agency.

b) Accumulated Sick Leave Benefit Liability

The cost of the accrued benefit obligations related to sick leave entitlement earned by employees is actuarially determined using the projected benefit method prorated on service and management's best estimate of inflation, discount rate, employee demographics and sick leave usage of active employees. The Agency has completed an actuarial valuation as of March 31, 2013. Key assumptions used as inputs into the actuarial calculation are as follows:

	2013	2012
Discount rate (per annum)	2.75%	3.75%
Percentage earnings increase (per annum)		
For ages 15 to 29	2.00%	2.00%
For ages 30 to 39	1.50%	1.50%
For ages 40 to 49	1.00%	1.00%
For ages 50 to 59	0.50%	0.50%
For ages 60 and over	0.00%	0.00%
Mortality rates (average of male & female rates)		
Age 20	0.266	0.266
Age 30	0.524	0.524
Age 40	0.726	0.726
Age 50	1.357	1.357
Age 60	4.914	4.914
Termination rates (sample rates)		
Age 20	0.119	0.119
Age 25	0.084	0.084
Age 30	0.056	0.056
Age 35	0.045	0.045
Age 40	0.035	0.035
Age 45	0.030	0.030
Age 50	0.025	0.025
Age 55	0.015	0.015
Age 60	0.010	0.010

	2013	2012
Accrued benefit obligation, beginning of year	$ 2,005,500	$ 1,939,000
Cost for the year	393,900	367,200
Benefits paid during the year	(303,700)	(300,700)
Accrued benefit obligation, end of year	$ 2,095,700	$ 2,005,500

10. Related Party Transactions

These financial statements include transactions with related parties. The Agency is related to all Saskatchewan Crown Agencies such as ministries, corporations, boards and commissions under the common control of the Government of Saskatchewan. The Agency is also related to non-Crown enterprises that the Government jointly controls or significantly influences.

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of transactions resulting from these transactions are included in the financial statements and the table below. Drugs and purchased hospital services acquired from related parties are recorded at rates agreed to by the related parties.

Other routine operating transactions with related parties are recorded at agreed upon rates charged by those organizations and are settled on normal trade terms.

	2013	2012
Expenses		
Regina Qu'Appelle Regional Health Authority	$ 2,778,594	$ 2,827,952
Saskatoon Regional Health Authority	3,429,586	3,547,699
Public Employees Pension Plan	2,955,154	2,896,406
3S Health	1,752,830	1,678,668
Other related parties	4,308,441	2,719,532
Total related party expenses	$ 15,224,605	$ 13,670,257
Prepaid Expenses		
Other related parties	$ 115,434	$ 125,940
Total related party prepaid expenses	$ 115,434	$ 125,940
Accounts Payable		
Regina Qu'Appelle Regional Health Authority	$ 278,082	$ 667,356
Saskatoon Regional Health Authority	390,180	1,040,669
Other related parties	937,030	329,236
Total related party payable	$ 1,605,292	$ 2,037,261

In addition, the Agency pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

The building premises occupied by the Allan Blair Cancer Centre are leased from the Regina Qu'Appelle Regional Health Authority for $1 per year, including a portion of occupancy costs. The Saskatoon Cancer Centre building owned by the Agency is situated on land owned by the University of Saskatchewan. The Agency is not charged for the use of this land.

11. Financial Instruments

a) Significant Terms and Conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for other financial instruments are disclosed separately in these financial statements.

b) Financial Risk Management

The Agency has exposure to the following risk from its use of financial instruments: credit risk, market risk and liquidity risk.

The Board ensures that the Agency has identified its major risks and ensures that management monitors and controls them. The Board oversees the Agency's systems and practices of internal control and ensures that these controls contribute to the assessment and mitigation of risk.

c) Credit Risk

The Agency is exposed to credit risk from potential non-payment of accounts receivable. The majority of the Agency's receivables are from Saskatchewan Health – General Revenue Fund, other government organizations or suppliers with which the Agency has ongoing contractual relations. The Agency is also exposed to credit risk from cash, short-term investments and investments.

The carrying amount of financial assets represents the maximum credit exposure as follows:

	2013	2012
Cash and short-term investments	$ 19,965,355	$ 12,869,919
Accounts receivable		
Ministry of Health - General Revenue Fund	371,773	5,696,143
Other		
Investments	7,823,904	8,134,981
	$ 28,161,032	$ 26,701,043

The Agency manages its credit risk surrounding cash and short-term investments by dealing solely with reputable banks and financial institutions and using an investment policy to guide their investment decisions. The Agency invests surplus funds to earn investment income with the objective of maintaining safety of principal and providing adequate liquidity to meet cash flow requirements.

d) Market Risk

Market risk is the risk that market prices, such as foreign exchange rates or interest rates, will affect the Agency's income or the value of its holdings of financial instruments. The objective of market risk management is to control market risk exposures within acceptable parameters while optimizing return on investment.

(i) Foreign exchange risk:

The Agency operates within Canada, but in the normal course of operations is party to transactions denominated in foreign currencies. Foreign exchange risk arises from transactions denominated in a currency other than the Canadian dollar, which is the functional currency of the Agency. The Agency believes that it is not subject to significant foreign exchange risk from its financial instruments.

(ii) Interest rate risk:

Interest rate risk is the risk that the fair value of future cash flows or a financial instrument will fluctuate because of changes in the market interest rates.

Financial assets and financial liabilities with variable interest rates expose the Agency to cash flow interest rate risk. The Agency's investments include guaranteed investment certificates and long-term bonds bearing interest at coupon rates.

Although management monitors exposure to interest rate fluctuations, it does not employ any interest rate management policies to counteract interest rate fluctuations.

As of March 31, had prevailing interest rates increased or decreased by 1%, assuming a parallel shift in the yield curve, with all other variables held constant, the Agency's financial instruments would have decreased or increased by approximately $281,610 (2012 - $282,289), approximately 3.6% of the fair value of investments (2012 - 3.5%).

(iii) Liquidity risk:

Liquidity risk is the risk that the Agency will not be able to meet its financial obligations as they become due. The Agency manages liquidity risk by continually monitoring actual and forecasted cash flows from operations and from anticipated investing and financing activities.

At March 31, the Agency has a cash balance of $19,965,355 (2012 - $12,869,919).

(iv) Fair value:

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.
  - Accounts receivable
  - Accounts payable
  - Accrued salaries and vacation payable
- Cash, short-term investments and long-term investments are recorded at fair value as disclosed in Schedule 1, determined using quoted market prices.

Determination of fair value:

When the carrying amount of a financial instrument is the most reasonable approximation of fair value, reference to market quotations and estimation techniques is not required. The carrying values of cash and short-term investments, accounts receivable and accounts payable approximated their fair values due to the short-term maturity of these financial instruments.

For financial instruments listed below, fair value is best evidenced by an independent quoted market price for the same instrument in an active market. An active market is one where quoted prices are readily available, representing regularly occurring transactions. Accordingly, the determination of fair value requires judgment and is based on market information where available and appropriate. Fair value measurements are categorized into levels within a fair value hierarchy based on the nature of inputs used in the valuation.

Level 1 – Where quoted prices are readily available from an active market.

Level 2 – Valuation model using quoted prices, but still using predominantly observable market inputs, such as market interest rates. There were no items measured at fair value using level 2 in 2012 or 2013.

Level 3 – Where valuation is based on unobservable inputs. There were no items measured at fair value using level 3 in 2012 or 2013.

There were no items transferred between levels in 2012 or 2013.

	2013				2012			
	Level 1	Level 2	Level 3	Total	Level 1	Level 2	Level 3	Total
Investments	$7,823,904			$7,823,904	$8,134,043			$8,134,043

12. Budget

Schedule 5 compares actual results to the 2012-13 budget plan approved by the Agency's Board of Directors on June 28, 2012.

13. Transition to Public Sector Accounting Standards

As stated in Note 2, these are the Agency's first financial statements prepared in accordance with Canadian public sector accounting standards. The accounting policies set out in Note 2 have been applied consistently in preparing the financial statements for the year ended March 31, 2013, the comparative information presented in these financial statements and the opening statement of financial position as at April 1, 2011 (the Agency's date of transition to public sector accounting standards).

a) Financial Instruments

Effective April 1, 2012 the Agency adopted the PSA standards for *Financial Instruments* (PSA Handbook Section PS 3450). Section PS 3450 establishes standards on how to account for and report all types of financial instruments, including derivatives. Section PS 3450 has been applied prospectively, in accordance with the transitional provisions of the Section.

Upon adoption of Section PS 3450 the Agency was required to assign its financial instruments to one of two measurable categories: fair value, or cost or amortized cost. Cash, short-term investments, accounts receivable, long-term investments, accounts payable, accrued salaries and vacation payable are classified in the fair value category. The Agency's other financial assets and financial liabilities are measured at cost or amortized cost. Carrying amounts are in each instance disclosed in the Statement of Financial Position.

The adoption of Section PS 3450 had no impact on the recognition and measurement of financial instruments reported in these consolidated financial statements. There were additional items related to presentation and disclosure of financial instruments that have been added to Note 12 as a result of the adoption of this standard.

b) Employee Future Benefits

The Agency made an adjustment to the 2011 financial statements with respect to the accounting for employee future benefits. Specifically, this adjustment related to accounting policy differences under public sector accounting standards with respect to the determination of obligation for accumulated sick leave.

In aggregate, the resulting increase to the liability for employee future benefits at April 1, 2011 was $1,939,000. Employee future benefit expense for the year ended March 31, 2012 increased by $66,500.

The impact of these restatements on comparative figures is as follows:

Summary of adjustments

c) Fund Balances

The following table summarizes the impact of the transition to PSA standards on the Agency's fund balances as of April 1, 2011:

Operating fund balance as at April 1, 2011:		
Operating fund balance, as previously reported	$	2,405,990
Adjustment to employee future benefits liability		(1,939,000)
Operating fund balance as currently reported	$	466,990

d) Excess (deficiency) of Revenues Over Expenses

As a result of the retrospective application of PSA standards, the Agency recorded the following adjustment to excess (deficiency) of revenues over expenses for the year ended March 31, 2012:

Operating fund:		
Excess (deficiency) of revenues over expenses for the year ended March 31, 2012:		
Excess (deficiency) of revenues over expenses, as previously reported	$	5,404,774
Adjustment to employee future benefits expense		(66,500)
Excess (deficiency) of revenues over expenses, as currently reportec	$	5,338,274

14. Pay for Performance

Effective April 1, 2011, a pay for performance compensation plan was introduced. Amounts over 90% of base salary are considered 'lump sum performance adjustments'. Senior employees are eligible to earn lump sum performance adjustments up to 110% of their base salary. During the year, senior employees are paid 90% of current year base salary and lump sum performance adjustments related to the previous fiscal year. At March 31, 2013, lump sum performance adjustments relating to 2012-13 have not been determined as information required to assess senior employees' performance is not yet available. An estimate of the pay for performance amounts has been accrued at March 31, 2013 and is included in the 2012-13 salary expense.

15. Transfer of Trust Account Balance

During the previous fiscal year, the University of Saskatchewan, with the approval of the contributor, took over administration of the Chandra Dattani trust account. The Agency transferred the unspent balance of $67,469 from the trust account to the University of Saskatchewan on October 27, 2011.

16. Comparative Information

Certain 2011-12 balances have been reclassified to conform to current year's presentation.

Schedule 1

SASKATCHEWAN CANCER AGENCY
SCHEDULE OF INVESTMENTS
As at March 31, 2013

	Fair Value	Maturity Date	Effective Rate	Coupon Rate
Restricted Investments				
Cash and short-term investments:				
Royal Bank of Canada	$ 10,979,783	---	1.00%	---
Long-term investments:				
Bank of Nova Scotia GIC	253,485	10/23/14	3.20%	3.20%
Manulife GIC	253,539	10/23/14	3.25%	3.25%
Province of Manitoba Bond	985,923	12/03/14	3.19%	4.80%
Province of Manitoba Bond	491,779	12/03/14	3.19%	4.80%
Province of Ontario Bond	544,521	03/08/16	3.78%	4.40%
Royal Bank of Canada Bond	494,794	01/11/16	1.75%	3.36%
	3,024,041			
Total restricted investments	$ 14,003,824			
Unrestricted Investments				
Cash and short-term investments:				
Royal Bank of Canada	$ 8,985,572	---	1.00%	---
Long-term investments:				
Royal Bank of Canada Bond	513,536	06/05/14	4.59%	4.97%
Royal Bank of Canada Bond	491,426	06/05/14	3.08%	4.97%
Province of Ontario Bond	532,668	03/08/15	3.55%	4.50%
Province of New Brunswick Bond	1,091,351	12/03/15	4.42%	4.30%
Province of Saskatchewan Savings Bond	1,663,348	08/23/16	4.42%	4.50%
Bank of Nova Scotia GIC	507,534	07/25/16	2.20%	2.20%
	4,799,863			
Total unrestricted investments	$ 13,785,435			
Restricted & Unrestricted Totals				
Total cash and short-term investments	$ 19,965,355			
Total long-term investments	7,823,904			
Total Investments	$ 27,789,259			

Schedule 2

SASKATCHEWAN CANCER AGENCY
SCHEDULE OF EXTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2013

Restriction	Balance Beginning of Year	Investment and Other Revenue	Expenses	Transfers & Other	Balance End of Year
Capital Fund	$ 6,370,806	$ 208,810	$ (2,225,266)	$ ---	$ 4,354,350
Research Fund	144,094	1,373	(620,774)	548,198	72,891
Trust Fund	4,137,521	1,462,959	(355,152)	(652,084)	4,593,244
Total	$ 10,652,421	$ 1,673,142	$ (3,201,192)	$ (103,886)	$ 9,020,485

Schedule 3

SASKATCHEWAN CANCER AGENCY
SCHEDULE OF INTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2013

Restriction	Balance Beginning of Year Note 16	Investment and Other Revenue	Expenses	Transfers & Other	Balance End of Year
Contingency Reserve[1]	$ 1,305,264	$ ---	$ ---	$ 802,785	$ 2,108,049
CMS Reserve[2]	329,405	---	---	---	329,405
Capital Fund	4,757,419	---	(1,509,428)	5,000,000	8,247,991
Trust Fund	953,528	608,331	(269,405)	(149,141)	1,143,313
Total	$ 7,345,616	$ 608,331	$ (1,778,833)	$ 5,653,644	$ 11,828,758

(1) The operating fund balance is considered part of the contingency reserve as it supports the working capital position of the Agency.

(2) The Agency is implementing a multi-million dollar Clinical Management System (CMS) and established the CMS Reserve in 2003-04 to help fund this initiative.

Schedule 4

SASKATCHEWAN CANCER AGENCY
SCHEDULE OF RESEARCH GRANTS
For the Year Ended March 31, 2013

	2013	2012
Treatment of Human Glioblastoma Multiforme (GBM) Xenografts with Direct Intra-Tumor Delivery of Targeted Anti-YB-1 Therapy using Cell Permeable Peptide (CPP) versus Liposomal Doxorubicin, alone or in combination with Collimated Microbeam Radiation, Saskatoon	$ 108,102	$ 74,827
Trafficking of EGFR/ErbB2 Receptors in Breast Cancer Cells, Saskatoon	100,000	-
Role of CREB3L1 in Breast Cancer Metastasis, Saskatoon	99,810	89,395
Adoptive TNF - a Transgene-engineered CD8+ T cell Therapy of Trastuzumab-resistant HER-2/Neu-positive Breast Cancer	98,456	-
IGF-1 Signaling Effects on the Pro-Survival Activities of Leukemia Stem Cells in Genetically Defined Murine Models of Chronic Myeloid Leukemia (CML), Saskatoon	92,852	92,850
Development of an ELIZA to Monitor the Nature of Anti-Cancer Immune Responses in Colorectal Cancer Patients and Assessing its Utility in Predicting Outcome of Treatment, Saskatoon	49,560	-
Regulation of EGFR Signalling and Trafficking by p85 in Breast Cancer	40,000	-
Surgical Management of the Primary Tumor in Advanced Colorectal Cancer. Does it improve survival?	15,814	-
The Development and Application of Novel Detector Technologies in Small Field, Stereotactic Radiosurgery and Stereotactic Body Radiotherapy Dosimetry	12,552	-
Outcome in Elderly Patients with Glioblastoma Multiforme	3,628	-
Role of Ankyrin3 in Receptor Mediated Endocytosis, Saskatoon	-	99,538
HDAC Inhibitor Mediated Repression of SRC in Breast Cancer Cells	-	78,560
Sentinal Node and Nodal Ratio in Breast Cancer Management, Regina	-	20,575
Monte Carlo Detector Modelling for Small Field Radiation Therapy Dosimetry	-	3,855
Total Grants	$ 620,774	$ 459,600
Breakdown		
Operating expense	$ 620,774	$ 426,361
Capital expenditures	-	33,239
	$ 620,774	$ 459,600

Schedule 5

SASKATCHEWAN CANCER AGENCY
COMPARISON OF ACTUAL TO BUDGET
For the Year Ended March 31, 2013

	Operating Fund	
	Actual	Budget (Note 12)
REVENUES		
Ministry of Health - General Revenue Fund	$ 138,524,266	$ 135,409,831
Grants	758,082	665,000
Investment income	80,816	260,000
Other revenues	1,722,814	2,520,554
	141,085,978	138,855,385
EXPENSES		
Salaries and employee benefits	69,747,977	70,415,787
Drugs and medical supplies	48,132,921	52,269,234
Purchased services	2,425,029	2,632,269
Other expenses	14,977,266	13,538,095
	135,283,193	138,855,385
Excess of revenues over expenses	5,802,785	---
Interfund transfers (Note 8)	(5,000,000)	---
Net increase in fund balance	$ 802,785	$ ---

	Restricted Funds					
	Capital Fund		Research Fund		Trust Fund	
	Actual	Budget (Note 12)	Actual	Budget (Note 12)	Actual	Budget (Note 12)
REVENUES						
Ministry of Health - General Revenue Fund	$ 80,000	$ ---	$ ---	$ ---	$ ---	$ ---
Donations and bequests	---	---	---	---	2,003,978	1,526,400
Investment income	128,810	60,000	1,373	2,500	67,312	79,500
Other revenues	---	0	---	---	---	---
	208,810	60,000	1,373	2,500	2,071,290	1,605,900
EXPENSES						
Salaries and employee benefits	---	---	---	---	136,245	200,250
Other expenses	---	---	---	---	488,312	593,222
Research grants (Schedule 4)	---	---	620,774	657,572	---	---
Depreciation	4,734,741	4,800,000	---	---	---	---
Loss/(gain) on disposal of capital assets	1,596,027	---	---	---	---	---
	6,330,768	4,800,000	620,774	657,572	624,557	793,472
Excess (deficiency) of revenues over expenses	(6,121,958)	(4,740,000)	(619,401)	(655,072)	1,446,733	812,428
Interfund transfers (Note 8)	5,253,027	753,027	548,198	540,305	(801,225)	(1,293,332)
Net increase (decrease) in fund balances	$ (868,931)	$ (3,986,973)	$ (71,203)	$ (114,767)	$ 645,508	$ (480,904)

Schedule 6

SASKATCHEWAN CANCER AGENCY
CONSOLIDATED SCHEDULES OF

BOARD MEMBER REMUNERATION
For the Year Ended March 31, 2013

	2013						2012
Board Members	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	Total [1]	Total
Board Chair							
McMillan, Dr. Stewart	$ 25,020	$ 16,688	$ 250	$ 3,225	$ -	$ 45,183	$ 50,208
Board Members							
Crofts, Howard [5]	-	-	-	192	-	192	-
Finnie, Doug	-	1,950	625	1,103	-	3,678	4,770
Joyce, Gordon [2]	-	-	-	-	-	-	1,176
Kennedy, Laura [4]	-	1,200	175	673	-	2,048	2,290
Lumberjack, Marlene [5]	-	300	-	-	-	300	-
Night, Velma [5]	-	100	100	1,055	-	1,255	-
Solomon-Schofield, Vaughn [3]	-	-	-	-	-	-	3,846
Streelasky, Dr. Walter	-	1,627	475	2,236	-	4,338	4,894
Waschuk, Ronald	-	3,275	2,825	7,377	-	13,477	16,937
Total	$ 25,020	$ 25,140	$ 4,450	$ 15,861	$ -	$ 70,471	$ 84,121

(1) Board Member remuneration will fluctuate from member to member based on the number of meetings and conferences that they attend. The level of remuneration per member will also be affected by the location of these events, as members are resident in various areas throughout the province.

(2) Board member retired effective September 1, 2011

(3) Board member resigned effective March 15, 2012

(4) Board member term ended February 7, 2013

(5) Board members appointed effective February 7, 2013

SENIOR MANAGEMENT REMUNERATION, BENEFITS, ALLOWANCES AND SEVERANCE
For the Year Ended March 31, 2013

	2013					2012		
Senior Employees	Salaries [1]	Benefits and Allowances [2]	Sub-total	Severance Amount	Total	Salaries, Benefits and Allowances [1,2]	Severance	Total
Scott Livingstone, Chief Executive Officer	$ 259,572	$ 7,631	$ 267,203	$ -	$ 267,203	$ 239,861	$ -	$ 239,861
Dr. Monica Behl, Senior Medical Officer [3]	101,027	-	101,027	-	101,027	-	-	-
Dr. Colum Smith, Vice-President, Clinical Services [4]	392,485	-	392,485	119,396	511,881	488,527	-	488,527
Dr. Svein Carlsen, Vice-President, Research [5]	86,312	770	87,082	-	87,082	182,679	-	182,679
Kevin Lacey, Provincial Leader, Kaizen Promotion Office	174,068	770	174,838	-	174,838	153,859	-	153,859
Dr. Jon Tonita, Vice-President, Population Health	169,915	-	169,915	-	169,915	153,859	-	153,859
James Haney, Provincial Leader, Quality, Safety & Risk [6]	119,818	770	120,588	-	120,588	-	-	-
Gladys Wasylenchuk, Provincial Leader, Public Affairs	130,385	-	130,385	-	130,385	127,043	-	127,043
Susan Bazylewski, Vice-President, Care Services	165,467	-	165,467	-	165,467	96,677	-	96,677
Michele Arscott, Chief Financial Officer & VP Corporate Services	135,204	385	135,589	-	135,589	126,540	-	126,540
Reg Padbury, Provincial Leader, Human Resources	132,734	-	132,734	-	132,734	125,883	-	125,883
Total	$ 1,866,987	$ 10,326	$ 1,877,313	$ 119,396	$ 1,996,709	$ 1,694,928	$ -	$ 1,694,928

(1) Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, merit or performance pay, lumpsum payments and any other direct cash remuneration. Designated senior employees were paid 90% of base salary. Senior employees are eligible to earn up to 110% of their base salary. Performance adjustments have not been determined for the year ended March 31, 2013 and will be paid out in the 2013-14 fiscal year. Refer to Note 14 for further details.

(2) Benefits and allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable professional development, education for personal interest, non-accountable relocation benefits, personal use of: an automobile, cell phone, computer, etc., as well as any other taxable benefits.

(3) Dr. Monica Behl was appointed interim Vice-President, Clinical Services & Senior Medical Officer January 14, 2013.

(4) Dr. Colum Smith left the Agency January 11, 2013.

(5) Dr. Svein Carlsen retired June 29, 2012.

(6) Comparative salaries have been disclosed reflecting actual reporting relationship to the CEO for the appropriate fiscal year.

For the year ended March 31, 2013

Personal Services

Listed are individuals who received payments for salaries,wages, honorariums, etc., which total $50,000 or more.

Abbs-West, Jenelle	$ 87,593	Brooks, Leslie	85,201
Ahmad, Nazir	238,224	Brose, Kelsey	416,209
Ahmed, Shahid	419,928	Brown, Shardelle	85,213
Akomolafe, Benjamin	75,961	Brown, Tanya	94,188
Ali, S Kaiser	492,048	Brunet, Bryan	377,858
Allen, Joanne	96,542	Bruse, Lydia	78,975
Alvi, Riaz	117,906	Budz, Denise	133,754
Amjad, Asim	422,083	Bulych, Deborah	118,877
Amyotte, Stacey	52,383	Bunko, Ada	86,139
Anderson, Jennifer	61,944	Burlock, Clint	105,200
Anderson, Deborah	155,251	Cadman, Patrick	163,537
Andreas, J. Joe	90,050	Campbell, Lorna	95,613
Arnold, Florence	419,928	Carlsen, Svein	87,082
Arscott, Michele	135,589	Carmichael, Linda	100,090
Ash, Sheila	62,639	Cattet, Heather	78,923
Aspen, Rebecca	72,210	Caza, Alison	56,796
Bailey, Richelle	56,438	Chabot, Kali	84,290
Baisley, Julie-Ann	98,260	Chalchal, Haji	425,565
Barnardo, Christopher	83,991	Cherwaty, Gail	56,221
Basler, Courtney	82,631	Choquette, Heather	97,314
Bazylewski, Susan	165,467	Chow, Leissa	95,672
Beaule, Cindy	53,895	Christenson, Kendra	76,099
Beckett, Craig	178,078	Clayton, Kimberly	84,101
Behl, Monica	464,246	Cole, Scott	71,812
Belitski, Renee	118,137	Colleaux, Dena	95,686
Belous, Janice	92,702	Conklin, Sheldon	75,447
Bernauer, Sandra	84,459	Cook, Kristan	85,069
Berzolla, Wayne	78,782	Cook, Darcy	85,714
Bian, Na	65,152	Corbin, Denise	70,091
Bichon, Carol	90,895	Cosgrove, Eileen	76,081
Bitz, Denise	50,612	Coulter, Sheila	107,993
Blachford, Patti	83,996	Cousins, Sara Rose	67,735
Black, Megan	97,383	Cowan, Sarah	84,592
Blackwell, Maitland	95,425	Cranmer-Sargison, Gavin	130,596
Blazeiko, Jonathan	75,754	Crerar Koshuba, Robin	71,965
Boehm, Lisa	67,966	Cross, Deborah	56,308
Boehm, Darryl	124,353	Crump, Jolene	90,085
Bonham, Keith	146,170	Custer, Tracey	52,463
Bonnell, Gabriel	65,402	Dacey Dudey, Christine	58,331
Bradel, Theresa	229,401	Dagnone, Mary	95,919
Braun, Brenda	90,815	Dahl, Melvin	90,788
Brecht, Ron	99,052	Danyluk, Patricia	108,529
Briggs, Sheri	112,319	Davies, Laci	53,404
Bristol, Ken	94,202	Davis, Karen	94,599
Britton, Aleksandr	88,901	Deane, Mary	82,809
Brockman, Rhonda	78,434	Decker, Kathryn	50,628
Broley, Chandra	56,851	Derrick, Peter	90,042

Deschamps, Michelle	100,576
Deters, Tim	91,868
Dewald, Carmen	74,618
Dockray, Leanne	73,008
Doell, Heather	106,157
Dolata, Wojciech	425,565
Down, Debra	53,922
Drever, Laura	113,772
Dubey, Arbind	422,083
Duchscher, Dana	90,934
Dukart, Jessica	77,659
Dwernychuk, Lynn	107,197
Dyczkowski, Theresa	82,220
Edmunds, Laurie	78,380
Edwards, Trent	92,079
Efthimiou, Karen	78,924
Elemary, Mohamed	427,108
El-Gayed, Ali	419,755
El-Sayed, Assem	312,961
English, Azure	100,980
Fay, April	89,740
Ferozdin, Sajjad	102,149
Fiddler, Kerri	82,852
Field, Susan	94,590
Fiessel, Wanda	79,971
Filipchuk, Monica	76,084
Fisher, Jennifer	70,612
Fisher, Michelle	106,157
Fleck, Karyn	73,984
Florizone, Jackie	71,445
Foord, Christel	55,098
Foote, Bertha	86,774
Forreiter, Dorothy	95,376
Fox, Stephanie	57,642
Fox, Pauline	95,708
Fox-Smith, Sarah	81,311
Frank, Tracy	53,316
Galloway, Laurie	97,186
Gantefoer, Allison	80,011
Gardiner, Donald	416,529
Garratt, Kevin	111,549
Gartner, Helen	89,849
Gawley, Barbara	85,430
George, Theresa	73,597
Gerber, Laurie	76,213
Gerein, Brenda	72,026
Gervais, Amanda	79,067
Gesy, Kathy	132,984
Glasman, Wilhelmen	76,875
Glenister, Shannon	82,726
Glover, Frances	63,622
Good, Terrie	56,197
Good, Carlene	85,813
Goodman Chartier, Sandra	78,123
Goodyear, Genny	64,840
Goubran-Messiha, Hadi	451,002
Gray-Lozinski, Denise	65,583
Greuel, Morna	71,334
Grindheim, Amber	59,509
Grubor, Sasa	83,197
Gulka, Sandy	78,861
Guo, Zinan	66,520
Haider, Kamal-Udd	419,928
Hala, Karen	74,094
Hancock, Jennifer	87,895
Haney, James	120,588
Hanlon, Lana	93,085
Haq, M. Mansoor	512,931
Hartz, Gayle	73,071
Hastings, James	80,108
Haugen, Rikki	56,895
Hautz, Jo-Anne	88,639
Hegyi, Brandi	62,342
Heinrich, Arlene	81,945
Helfrick, Heather	85,963
Hiscock, Joelene	60,876
Hnenny, Vera	101,586
Ho, Jenny	56,686
Hodgins, Debra	100,199
Holtz, Lynn	57,306
Holzapfel, Edith	72,641
Hordos, Janelle	72,282
Houshmand, Shauna	74,219
Jackson, Rose	63,070
Jacques, Sarah	61,487
Jan, Shalene	78,039
Jancewicz, Miroslav	425,565
Janzen, Tracie	74,971
Johnson, Norine	67,456
Jones, Michael	53,192
Jones, Shannon	72,637
Judd, Alison	87,932
Kaban, Susan	63,767
Kaiser, Philip	74,183
Kakumanu, Ankineedu	425,816
Kaminski, Doug	77,621
Kasper, Amanda	81,323
Kennedy, Carol	56,108
Kennedy, Donna	95,254
Keuler, Lisa	83,036
Khan, Mohammad	424,409
Kindrachuk, Marg	75,398
Kish, Donna	96,259
Kolbinson, Janice	106,543
Kondra, Erica	90,954
Korec, Lisa	77,387
Koul, Rashmi	422,083
Kovacs, Cindy	71,410
Kowbel, Beverly	97,789
Kozie, Serena	81,080
Krakalovich, Helena	93,003
Kroeker, Dana	75,028

Kruger, Lana	92,013
Kulrich, Celia	82,948
Kundapur, Vijayanan	418,084
Kuyek, Sherry	94,987
Lacey, Kevin	174,838
Ladyka, Colin	84,946
Langston, Danielle	77,309
Lapointe, J. R. Claude	70,000
Lauridsen, Debbie	63,975
Lawrence, Denae	70,628
Layton, Barbara	52,853
Le, Jane	93,539
Le, Duc	346,527
Legare, Angela	62,657
Lewis, Margaret	106,436
Livingstone, Scott	267,203
Lobzun, Kevin	89,571
Lochbaum, Roberta	91,868
Lulik, Deborah	57,800
Luoma, Sheri	53,426
Luterbach, Sharon	80,861
Ly, Ketsia	70,505
Lyons, Barry	63,583
Macdonald, Wanda	62,639
Macdonald, Janice	66,614
Macdonald, Shannan	68,727
Macdonald, Colin	90,348
Macedward, Kathy	105,350
Mackay, Rebecca	337,082
Magosse, Matt	90,819
Mahmood, Shazia	422,083
Marchant, Kristin	128,584
Martin, Stacy	59,150
Martinson, Alexandra	98,722
Mcallister, Rae	229,401
Mcdougall, Cheryl	60,224
Mcdougall, Christine	75,127
Mcginn, Stephanie	78,104
Mcgonigal, Raelene	70,326
Mckay, Courtney	78,137
Mckenzie, Jennifer	92,102
Mclean, Jessica	85,155
Mcleod, Joanne	229,401
Mcvicar, Laurie	50,038
Meeres, Sandra	51,970
Mensch, Jackie	98,081
Miller, Jenny	67,293
Milligan, Laurey	73,709
Mitchell, Janet	81,867
Mohamed, Mohamed	420,138
Monteith, Jennifer	53,343
Morris, Joan	91,810
Mulligan, Louise	50,251
Muz, Lori	94,772
Narasimhan, Gopinath	79,913
Neubauer, Krista	61,497
Neufeld, Leah	69,941
Newcomb, Chris	184,553
Newton, Lisa	53,717
Nicholson, Kara	59,396
Nickel, Sharon	56,233
Nilson, Linda	192,670
Nistor, Gail	62,893
Norman, Carla	65,207
Nygaard, Tracy	56,012
O'hearn, Stephen	72,910
Olson, Colleen	104,973
Onasanya, Adeniyi	85,358
Oneill, Darcie	88,801
Padbury, Kristen	74,357
Padbury, Reg	132,734
Padia, Jignesh	91,418
Palmier, Rhonda	56,033
Park-Somers, Eileen	51,406
Patel, Nilesh	99,600
Pattison, Donna	50,449
Pearce, Laurie	62,773
Pearson, Derek	52,880
Pegg, Jessica	52,833
Pelletier, Devon	74,480
Penley, Robert	100,622
Perry, Chantal	88,369
Phillips, Leah	104,741
Piercy, Bonnie	60,159
Pierlot, Joan	92,811
Piper, Jaimie	82,793
Pituley, Harriette	107,139
Pollock, Lenore	57,200
Prieto Rozo, Maria Alexandra	59,339
Procyk, Bernadett	58,703
Prodaehl, Coralee	52,134
Pryor, Rick	80,042
Rayson, Sandra	200,095
Reichert, Brian	100,595
Reid, Amanda	75,868
Richard, Maeghan	71,030
Ripplinger, Yvonne	64,885
Robb, Karen	76,557
Robertson, Kathy	81,402
Robson, Laura	55,890
Rosenkranz, Kelsey	59,163
Roth, Vanessa	65,499
Russell, Elaine	95,653
Sabry, Waleed	427,878
Sadikov, Evgeny	422,083
Salah Ahmed, Osama	311,027
Salim, Muhammad	326,766
Sami, Amer	419,928
Sangster, Troy	60,414
Sapieha, Shannon	67,158
Sarker, Sabuj	76,129
Sawchyn, Katryna	50,346

Schaan, Marlene	54,984
Schaffel, Donna	50,254
Schiltz, Colette	91,494
Schlichemeyer, Darlene	51,378
Schmidt, Bruce	85,248
Schmidt, L. Marlene	77,303
Schulz, Marcia	56,180
Schumann, Andrea	88,743
Schwartz, Lyndon	99,438
Sebastian, Shauna	87,377
Segal, Lliana	85,193
Seminuk, Amber	53,470
Senft, Beverley	96,683
Setter, Linda	54,607
Shaw, Judy	93,165
Shinkewski, Patty	72,360
Shular, Brenda	108,677
Sigurdson, Jo Anne	64,032
Silver, Amanda	64,558
Sirdar, John	98,834
Smetaniuk, James	74,221
Smith, Lauralee	61,414
Smith, Jocelyne	79,113
Smith, Amy	87,667
Smith, Colum	511,881
Sollid, David	105,332
Sorsdahl, Lisa	84,260
Spitzig, Lynne	64,879
Starosta, Joann	99,913
Steinson, Sharon	83,706
Stewart, Nancy	58,912
Stiefel, Judy	53,693
Strautman, Cheryl	88,180
Stroshein, Irene	58,587
Struck, Karly	54,300
Strugari, Brittany	79,382
Struzycki, Kyle	64,977
Stuart-Panko, Heather	105,413
Stuckel, Renee	80,760
Svensrud, Leona	71,730
Sweet, Rhonda	60,168
Switzer, Landon	66,388
Tai, Patricia	422,083
Taylor, Yvonne	130,191
Templeton, Wendie	78,740
Tenezaca, Raquel	51,215
Ternes, Shyanne	87,104
Thain, Caroll	105,354
Thiesson, C. Scot	98,444
Thompson, Cheryle	93,741
Thurber, Colleen	70,796
Tiefenbach, Paula	55,955
Tinline, Paula	93,820
Tompkins, Sandra	64,210
Tonita, Jon	169,915
Toon, Brenda	93,771
Torri, Vamsee	437,898
Tralnberg, Sandra	95,735
Tremblay, Colleen	77,019
Treppel, Diane	89,935
Tu, Deluan	62,516
Tuba, Sheritee	104,865
Turley, Dominic	94,402
Tyndall, Joanne	89,366
Usher, Barbara	79,300
Vachhrajani, Haresh	453,659
Vandenameele, Angela	60,224
Vandenberg, Jennifer	50,452
Van-Gemeren, Jacquelin	97,540
Venekamp, Jason	79,297
Vetter, Deborah	50,737
Villeneuve, Carissa	90,863
Virgin, Stacey	95,993
Wacker, Steven	117,833
Waldbauer, Alison	98,203
Wall, Alana	70,516
Ward, Kathy	74,594
Warren, Joyce	98,479
Wasylenchuk, Gladys	130,385
Watson, Pauline	62,964
Weigel, Tamara	98,750
Weinrich, Ian	73,273
Weir, Linda	106,927
Wenaus, Cori	90,142
Wendel, Jeana	120,172
Weslowski, Lindsay	55,719
Westad, Anne	96,496
Whiting, Cheryl	104,881
Whittle, Alison	89,188
Wilde, Brenda	100,321
Williams, Myrna	57,782
Wilson, Marlo	57,236
Wlodarczyk, Lauren	75,577
Woitas, Carla	56,312
Wood, Valerie	96,179
Woodside, Lisa	50,217
Woodward, Joanne	80,313
Wright, Philip	411,854
Xiang, Jim	152,630
Yadav, Sunil	419,928
Yarotski, Barbara	62,870
Yaworski, Helen	50,724
Young, Jana	79,984
Youssef, Hanaa	53,992
Zaba, Donna	94,908
Zahayko, Michelle	60,279
Zarkovic, Mirjana	425,565
Zatylny, Paula	59,963
Zhu, Tong	84,831
Ziegler, William	161,908
Zimmer, Natasha	99,292
Zver, Lisa	52,127

For the year ended March 31, 2013

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts, and equipment.

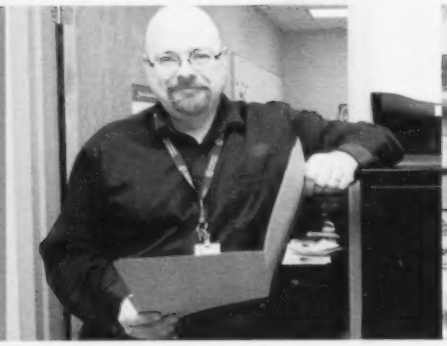
3sHealth	$ 130,995	Insight Canada	201,625
Abbott Laboratories Limited	1,877,866	Jubilant Draximage Incorporated	65,249
Abbvie Corporation	631,300	Karl Storz Endoscopy Canada Limited	55,684
Associated Radiologists - Saskatoon	272,422	Lawlor, Dr. B.	78,534
Baxter Corporation	726,849	Ledcor Construction Limited	79,114
Bayer Incorporated	121,463	Ledding, Kevin	117,500
Beckman Coulter Canada LP	702,094	Life Technologies Incorporated	139,728
Biomed Recovery & Disposal	51,267	Macquarie Equipment Finance Limited	91,733
Bristol-Myers Squibb Canada	1,219,573	Marsh Canada Limited	100,720
BTS Group Incorporated	91,456	McKesson Canada	7,495,009
Canadian Blood Services	179,429	McKesson Distribution Partners	3,231,263
Canadian Medical Protective Association	94,688	Merck Canada Incorporated	210,157
Canadian Pharmaceutical Distribution Network	24,066,640	Minister of Finance - Ministry of Government Services	440,545
Cancercare Manitoba	248,754	NewWest Enterprise Property Group (Sask) Incorporated	113,721
Card, Dr. Robert T.	134,026	NexJ Systems	82,200
Carmont Construction Limited	272,498	North Pasqua Developers	114,335
Celgene Corporation	2,502,962	Novartis Pharmaceuticals Canada	5,868,798
College of Physicians & Surgeons of Saskatchewan	70,940	Otsuka America Pharmaceutical Incorporated	134,577
Crown Enterprises Limited	51,492	Paradigm Consulting Group Incorporated	96,705
Derby Holdings Limited	101,471	Prairie Advertising Direct Mail Specialists	779,845
Diners Club	112,171	Prairie North Health Region	79,532
Donaldson Marphil Medical Incorporated	493,170	Prince Albert Parkland Regional Health Authority	92,880
Dr. A. Paul Masiowski Medical Professional Corporation	67,500	Print-It Centres	99,215
Dr. Christopher Mpofu Professional Corporation	474,458	Provincial Health Services Authority	146,519
Dr. David Sheridan, Medical Services Professional Corporation	263,689	Rad Parts Com Incorporated	63,984
Dr. Julie Stakiw Medical Professional Corporation	440,880	Radiology Associates of Regina	469,906
Dr. Muhammad Salim Medical Professional Corporation	152,210	Regina Qu'Appelle Health Region	2,778,594
Dr. Otto Moodley Professional Corporation	441,360	Royal Bank Visa - Payment Centre	203,113
Dr. Nayyer Iqbal Medical Professional Corporation	452,162	Sask Power	55,716
Dr. Tahir Abbas Medical Professional Corporation	435,676	Sask Tel	329,818
Ebsco Canada Limited	54,337	Saskatoon Health Region	3,42[illegible]86
eHealth Saskatchewan	274,985	Schaan Healthcare Products Incorporated	354,915
Elekta Incorporated	138,053	SDM Specialty Health Network Incorporated	658,662
EUSA Pharma Incorporated	76,665	Siemens Canada Limited	446,899
Ferring Incorporated	311,595	Sigma-Tau Pharmaceuticals Incorporated	302,155
Five Hills Health Region	77,188	Somagen Diagnostics Incorporated	580,649
Federation of Saskatchewan Indian Nations	301,000	South Pasqua Development	180,768
GE Medical Systems Canada	206,643	Sperling, Brad	105,700
Generic Medical Partners	70,841	Stantec Architecture Limited	88,182
Genomic Health Incorporated	104,375	Stevens Company Limited	691,797
Genzyme Canada Incorporated	328,713	Sunlight Painting and Decorating	77,498
Grand & Toy Office Products	236,164	Sunrise Regional Health Authority	126,027
Greenlee Construction	198,991	TranZeal Consulting	80,190
Hall Consulting Services	127,504	University of Saskatchewan	1,622,353
HBI Office Plus Incorporated	186,696	Varian Medical Systems	1,247,875
HDH Architects	177,846	VCM Construction Limited	884,851
Healthtech Consultants	596,074	Village RV	130,995
Histed Healthcare Consulting	80,355	VWR International Limited	82,035
Hospira Healthcare Corporation	223,519	WBM Office Systems	155,803
IDIS House	56,068	West Wind Aviation Limited Partnership	95,239
Innovation Place	225,206	Xerox Canada Limited	100,083

Other Expenditures

Listed are payees who received $50,000 or more for expenditures not included in the above categories.

Public Employees Disability Income Fund - employer's share	$ 218,381	SAHO - Extended Health Care Plans	298,577
Public Employees Pension Plan - employer's share	2,955,154	SAHO - In-Scope Health & Dental	973,523
Receiver General for Canada :		Saskatchewan Healthcare Employee's Pension Plan	
- Canada Pension Plan - employer's share	1,639,068	- employer's share	291,058
- Employment Insurance - employer's share	786,121	Workers' Compensation Board	485,685
SAHO - Core Dental Plan	349,736		

Contact Us



General Reception: 306-585-1831

Allan Blair Cancer Centre (Regina): 306-766-2213

Regina Cancer Patient Lodge: 306-359-3166

Saskatoon Cancer Centre: 306-655-2662

Saskatoon Cancer Patient Lodge: 306-242-4852

Screening Program for Breast Cancer: 1-855-584-8228

Screening Program for Colorectal Cancer: 1-855-292-2202

Prevention Program for Cervical Cancer: 1-800-667-0017

Quality of Care Coordinator (client representative): toll-free in Canada 1-866-577-6489; qcc@saskcancer.ca

Donations: 306-766-2142; donate@saskcancer.ca

Visit our website: www.saskcancer.ca